

Name
in
Full

Eller Abrahams

CERTIFICATE OF DEATH

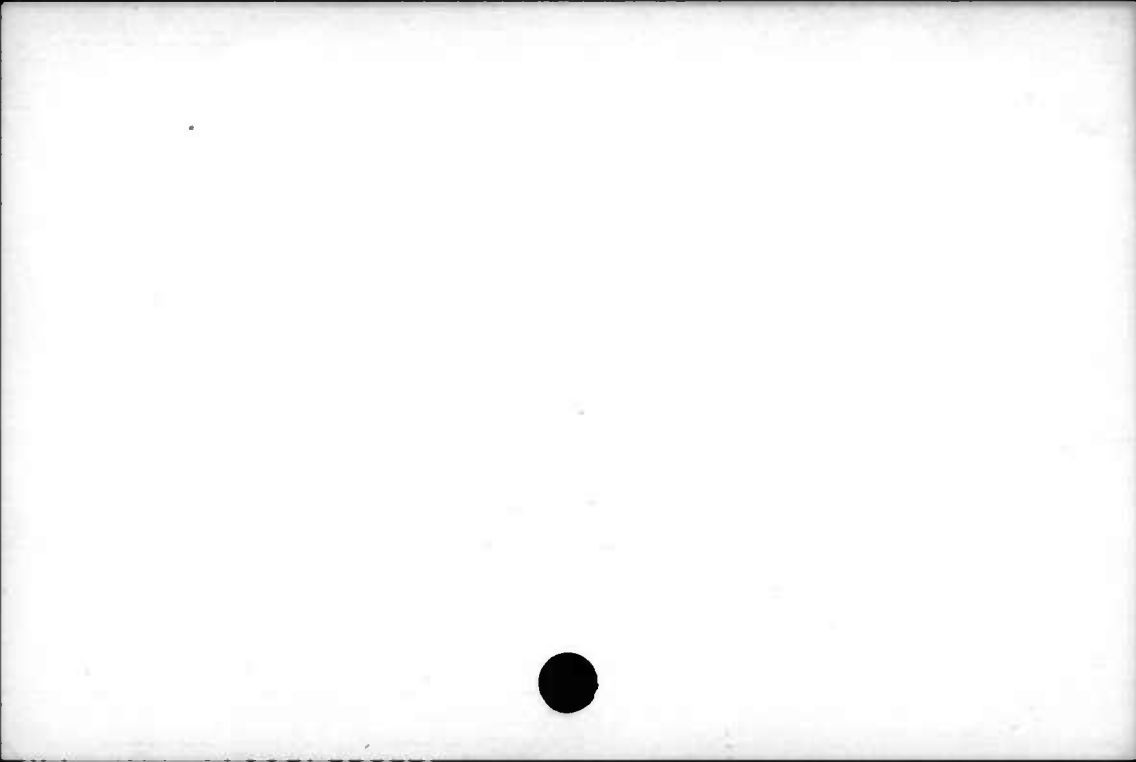
TO BE ANSWERED BY
NEAREST FRIEND

Town			County			MARYLAND		
Died at <u>Greenock</u>			<u>aa</u>					
Date	Month	Day	Years	Months	Days			
of death 190 <u>3</u>	<u>June</u>	<u>8</u>	Age <u>29</u>	<u>4</u>	<u>28</u>			
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>aa co</u>					
Married, Single or Widowed <u>Married</u>			Occupation <u>Cook</u>					
Name of Wife or Husband <u>Alex Abrahams</u>								
Father's Name <u>Wash Tyler</u>			Father's Birthplace <u>aa co</u>					
Mother's Maiden Name <u>Eller Jones</u>			Mother's Birthplace <u>aa co</u>					
Name of person giving information <u>Ben Butler</u>			How related to deceased <u>1/2 brother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Confinement</u>	How long	<u>3 days</u>
Immediate	<u>Septicaemia</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Samuel W. Ratner M.D.</u>	
		Address <u>West River</u>	
Accident or Suicide? <u>Neither</u>		<u>md</u>	



Name
in
Full

James E Barnett

CERTIFICATE OF DEATH

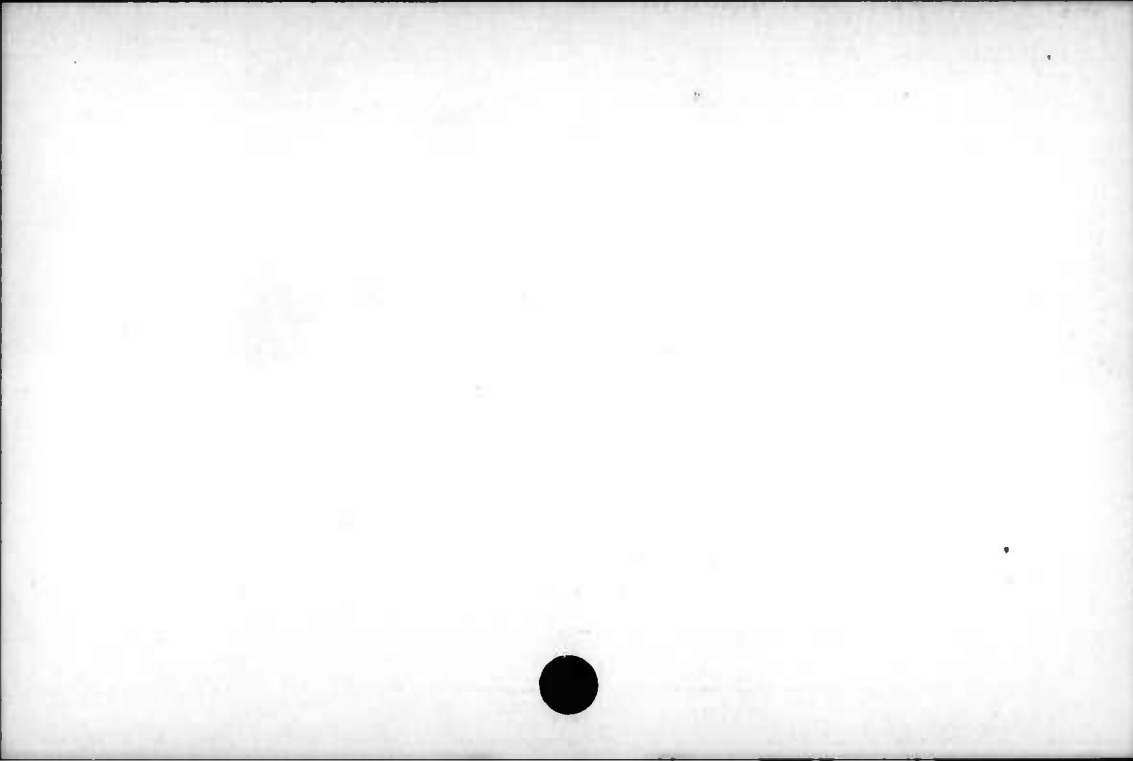
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County AA		MARYLAND	
Date of death 1903		Month June	Day 27	Age Years 1		Months 6	Days
Sex Male		Color or Race colored		Birth- place city			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name James E Barnett				Father's Birthplace AA Co.			
Mother's Maiden Name Ellen Woods				Mother's Birthplace city			
Name of person giving In formation Mother				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	Several weeks
Immediate	Rupture of blood vessel	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician D. E. Campbell	
		Address Annapolis Md	
Accident or Suicide?		9	



Name
in
Full

Sarah Ella Beach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town} <i>Anne Arundel</i> ^{County} <i>MARYLAND</i>	
Date of death 190 <i>3</i> ^{Month} <i>June</i> ^{Day} <i>7th</i> ^{Years} <i>77</i> ^{Months} <i>10</i> ^{Days} <i>28</i>	
Sex <i>Female</i> Color or Race <i>white</i> Birth-place <i>Philadelphia</i>	
Married, Single or Widowed <i>Widowed</i> Occupation	
Name of Wife or Husband <i>Charles Beach</i>	
Father's Name <i>Hyde</i> Father's Birthplace <i>England</i>	
Mother's Maiden Name Mother's Birthplace	
Name of person giving information <i>Sallie E. Wells</i> How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i> <i>154</i> How long
Immediate <i>Exhaustion</i> How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i> Signature of Physician <i>George Wells M.D.</i>
Address <i>Annapolis Md</i>
Accident or Suicide? <i>g</i>



Name
in
Full

Andrew Berkeley

CERTIFICATE OF DEATH

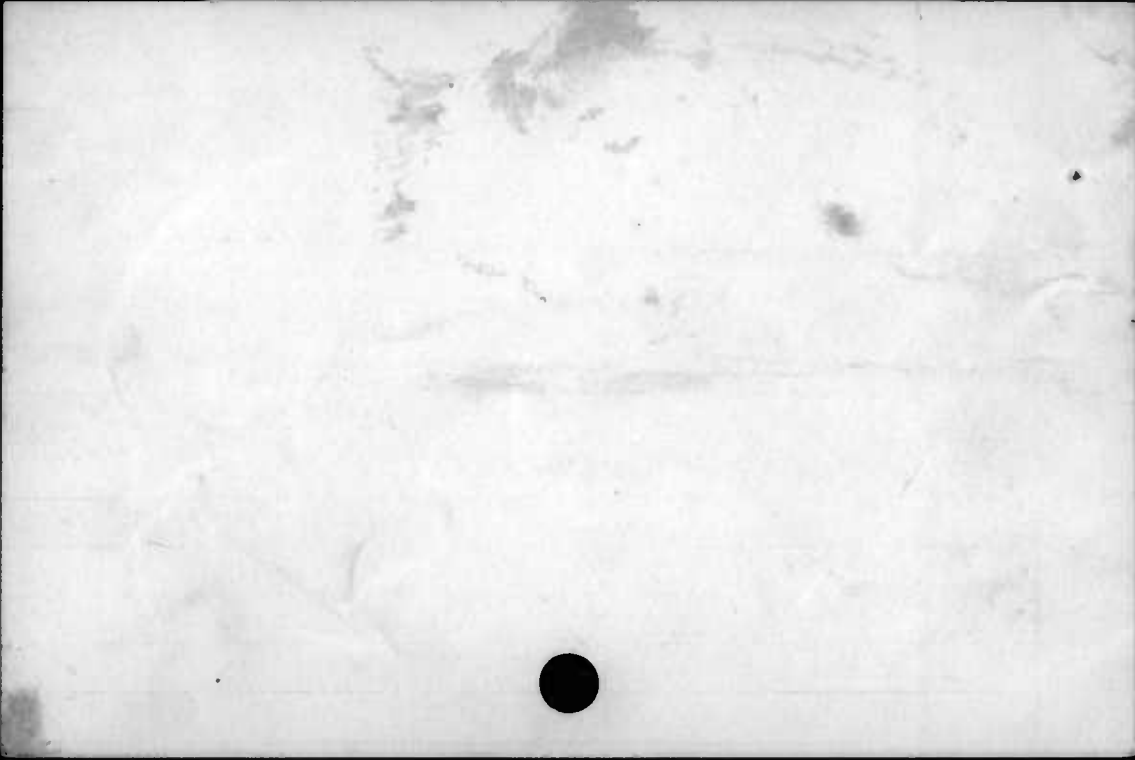
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Years	Months	Days	
June		6		73	6	16	
Sex	Male	Color or Race	White	Birth-place	Hurtentburg Ger.		
Married, Single or Widowed	Married			Occupation	Farmer		
Name of Wife or Husband	Emily E. Berkeley						
Father's Name	Augustus Berkeley				Father's Birthplace	Hurtentburg	
Mother's Maiden Name	Christina Oliver				Mother's Birthplace	" "	
Name of person giving information	Charlotte M. Clohey				How related to deceased	No relation	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accident - (Wagon upset)	How long	4 hours
Immediate	Collapse	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Reilly
	166	Address	Laurie Rd
Accident or Suicide?	I —		



Name
in
Full

Earnest Fouldsle Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bunford</u> Town			County <u>Anne Arundel</u> MARYLAND			
Date of death 1903	Month <u>June</u>	Day <u>17</u>	Age	Years	Months <u>9</u>	Days
Sex <u>Male</u>	Color or Race <u>African</u>		Birth-place <u>Bunford</u>			
Married, Single <input checked="" type="checkbox"/> or Widowed <input type="checkbox"/>			Occupation			
Name of Wife or Husband			154			
Father's Name <u>David Boston</u>			Father's Birthplace <u>A A Co</u>			
Mother's Maiden Name <u>Mary E Jacobs</u>			Mother's Birthplace <u>A A Co</u>			
Name of person giving information <u>David Boston</u>			How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pericarditis Anemia</u>	How long	<u>4 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Thomas H. Grayhaw</u>	
		Address <u>Glenn Beunee</u>	
Accident or Suicide? <u>5</u>			



Name
in
Full

Francis Brashears

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West River Md</i>		Town <i>Md</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>June</i>	Day <i>19</i>	Years <i>88</i>	Months	Days		
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Anne Arundel</i>			
Married, Single or Widowed <i>widower</i>		Occupation <i>none</i>					
Name of Wife or Husband <i>Rebecca Weiden</i>							
Father's Name <i>Frank Brashears</i>				Father's Birthplace <i>Prince George</i>			
Mother's Maiden Name <i>Nellie Knighton</i>				Mother's Birthplace <i>A. A. Co.</i>			
Name of person giving information <i>Ella D. Pham</i>				How related to deceased <i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long <i>88 yrs</i>
Immediate <i>old age</i>	How long <i>88 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>probably</i>	Signature of Physician <i>Mason E. Ely, M.D.</i>
<i>g.</i>	Address <i>Cambridge Md</i>
Accident or Suicide?	



Name
in
Full

Richard Tilghman Brice

CERTIFICATE OF DEATH

Town

County

Died at Penderine Mt.

Anne Arundel

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

June

13th

Age

64

Sex

Male

Color or
Race

White

Birth-
place

Penderine Mt.

Married, Single
or Widowed

Married

Occupation

Farmer

Name of Wife or
Husband

Mary E Brice

Father's
Name

Charles Carroll Brice

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Susan Delby

Mother's
Birthplace

Maryland

Name of person giving
Information

R. J. Brice Jr

How related
to deceased

Son

CAUSES OF DEATH

Primary

Malaria Pernicious 4

How long

24 days

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

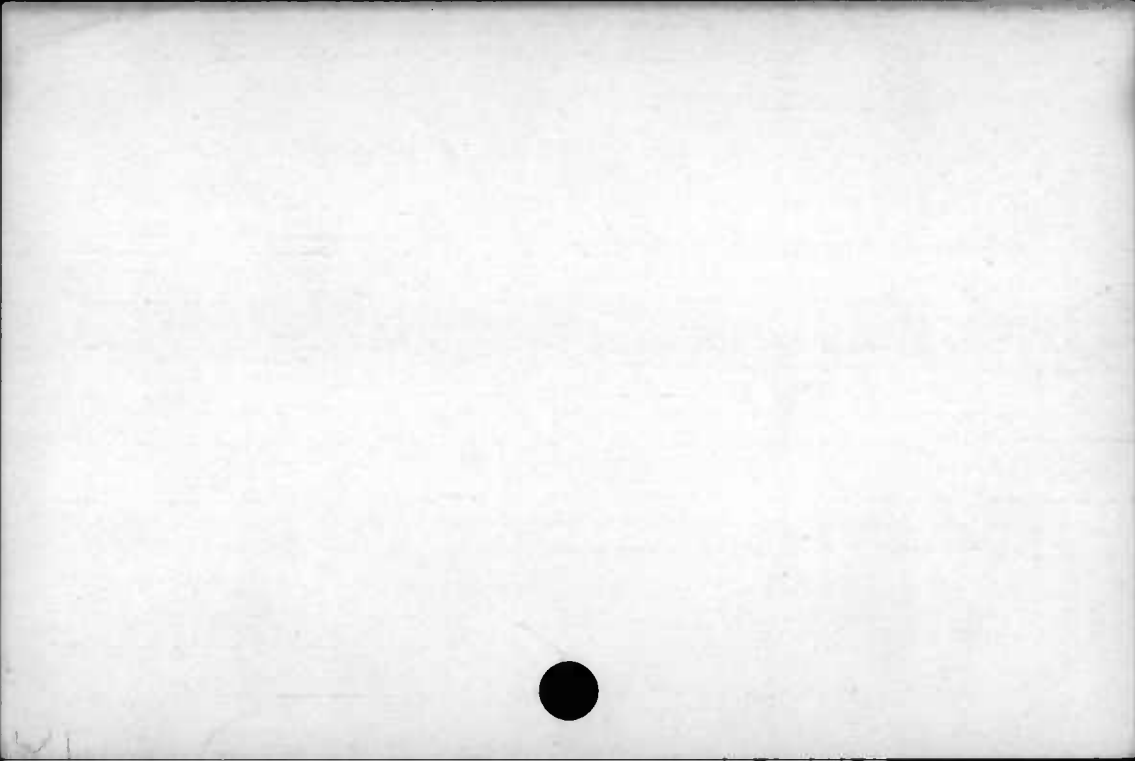
Address

Jno M. Stages m.d.
Dist. Registrar

Accident or Suicide?

I

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Hannie Bullock

CERTIFICATE OF DEATH

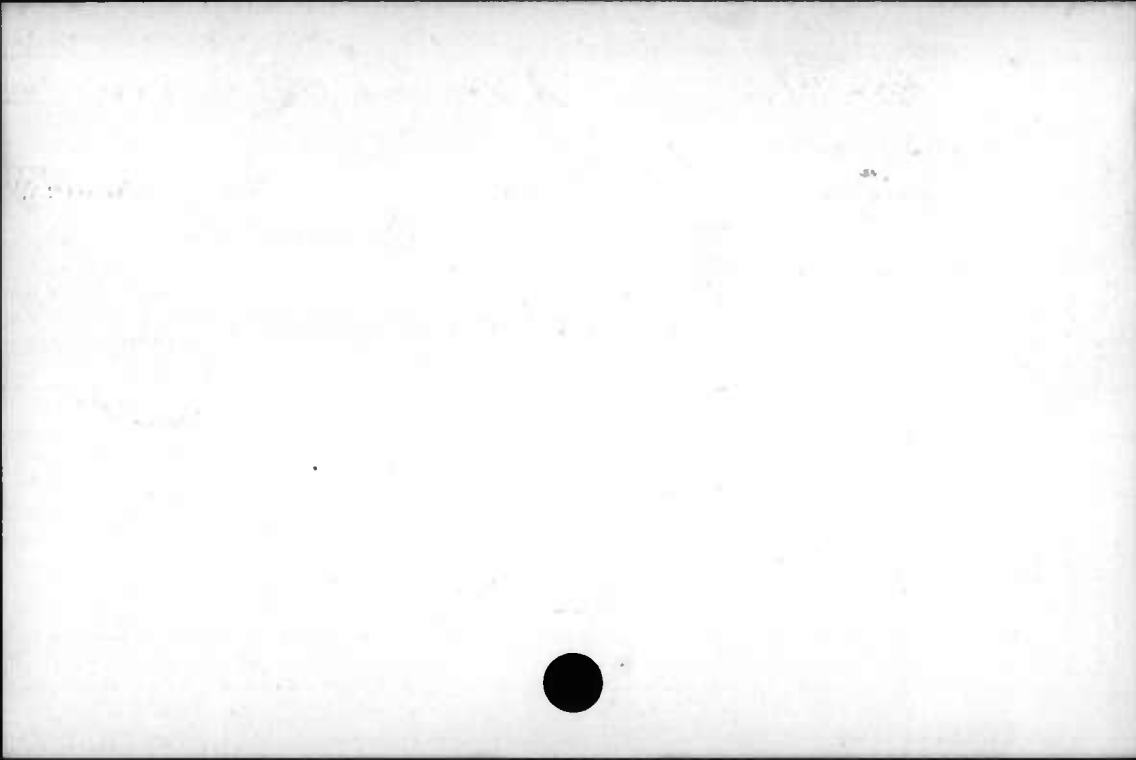
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i>		County <i>AA</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>6</i>	Day <i>30</i>	Age <i>AA</i>	Months <i>—</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ma</i>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Plummer Bullock</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Pinkie Johnson</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Pinkie Bullock</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Natural</i>	How long <i>105</i>
Immediate <i>Chorea Infantum</i>	How long <i>4 dy</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm L. Hawkins Cor</i>
	Address <i>Brooklyn Md</i>
Accident or Suicide? <i>I</i>	



Name
in
Full

Edward Burrell

CERTIFICATE OF DEATH

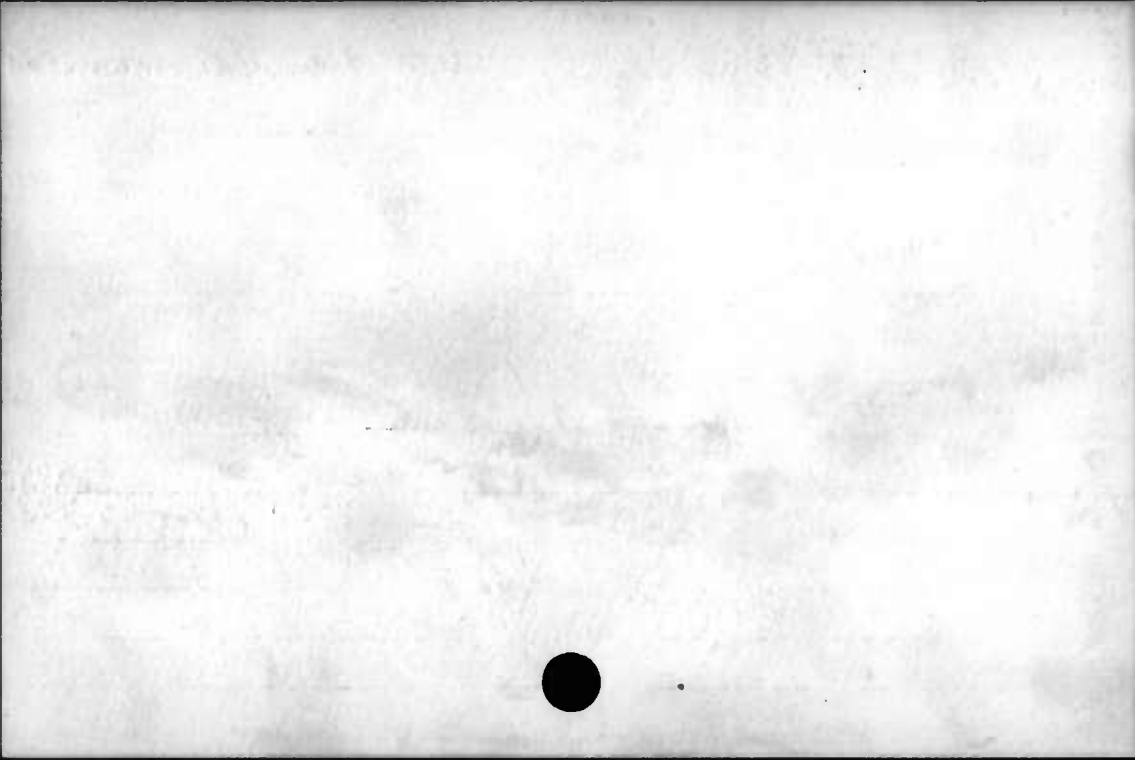
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brooklyn</i>		County <i>Ad</i>		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	<i>3</i>	<i>June</i>	<i>16</i>	<i>23</i>	<i>—</i>	<i>—</i>	
Sex	<i>Male</i>		Color or Race	<i>colored</i>		Birth-place	<i>Va</i>
Married, Single or Widowed	<i>single</i>			Occupation			<i>Coachman</i>
Name of Wife or Husband <i>—</i>							
Father's Name <i>James Tunny</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Marney Starks</i>				Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Erasmus Burrell</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>12 months</i>
Immediate	<i>" "</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. H. Brooke M.D.</i>	
		Address <i>Brooklyn Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benfield</i> Town		<i>Arme Aundel</i> County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>27</i>	Years <i>48</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband					
Father's Name <i>Frederick Bussey</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Do not know</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>R. J. Williams</i> 1166			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Blow on the head from fall</i>	How long
Immediate <i>Concussion of Brain</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. B. Gantt</i>
<i>9</i>	Address <i>Millersville, Md.</i>
Accident or Suicide?	



Name
in
Full

Victoria Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harmon</i> ^{Town}			<i>Anne Arundel</i> ^{County}			MARYLAND	
Date of death 190	<i>3</i>	Month	<i>6</i>	Day	<i>25</i>	Age	<i>—</i>
				Years	<i>—</i>	Months	<i>4</i>
				Days	<i>11</i>		
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>MO</i>
Married, Single or Widowed				<i>—</i>			
Occupation				<i>—</i>			
Name of Wife or Husband							
<i>—</i>							
Father's Name				<i>Frank Chase</i>			
Father's Birthplace				<i>MO</i>			
Mother's Maiden Name				<i>Lillian Adams</i>			
Mother's Birthplace				<i>MO</i>			
Name of person giving information				<i>Frank Chase</i>			
How related to deceased				<i>Father</i>			

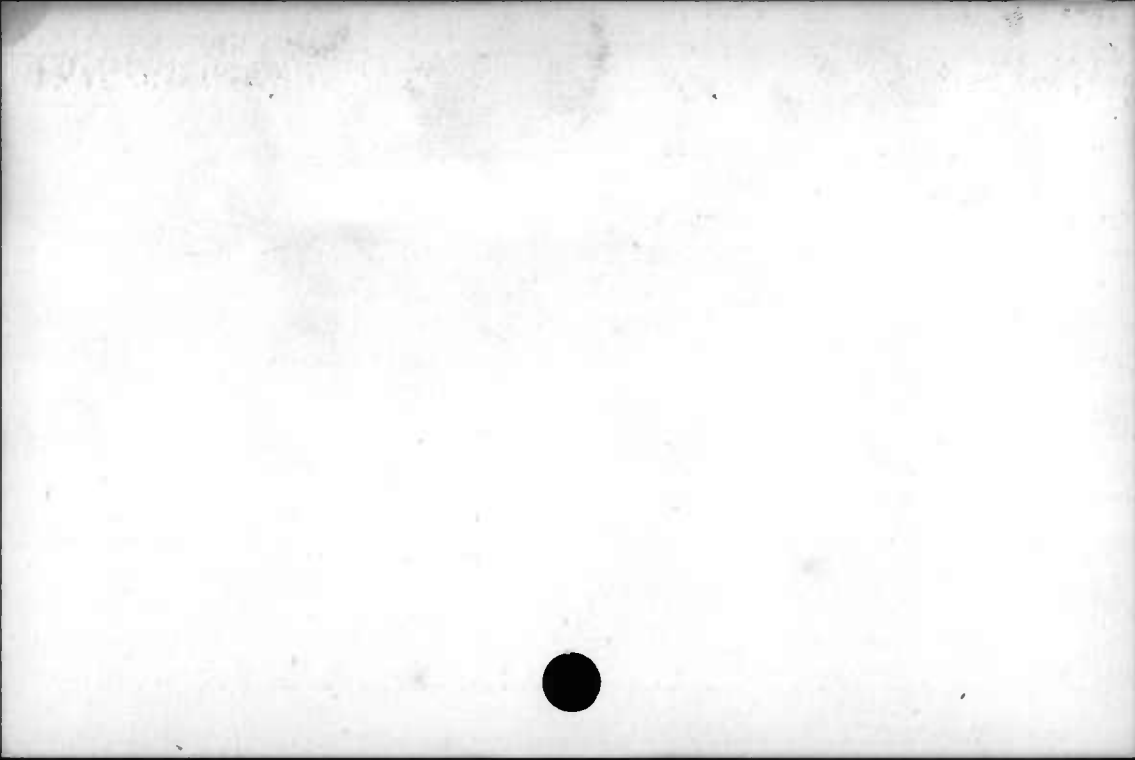
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>		How long	<i>105</i>
Immediate	<i>Exhaustion</i>		How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>R A Hammond</i>		
<i>g</i>		Address		
<i>Accident or Suicide?</i>		<i>Jessup — MO</i>		



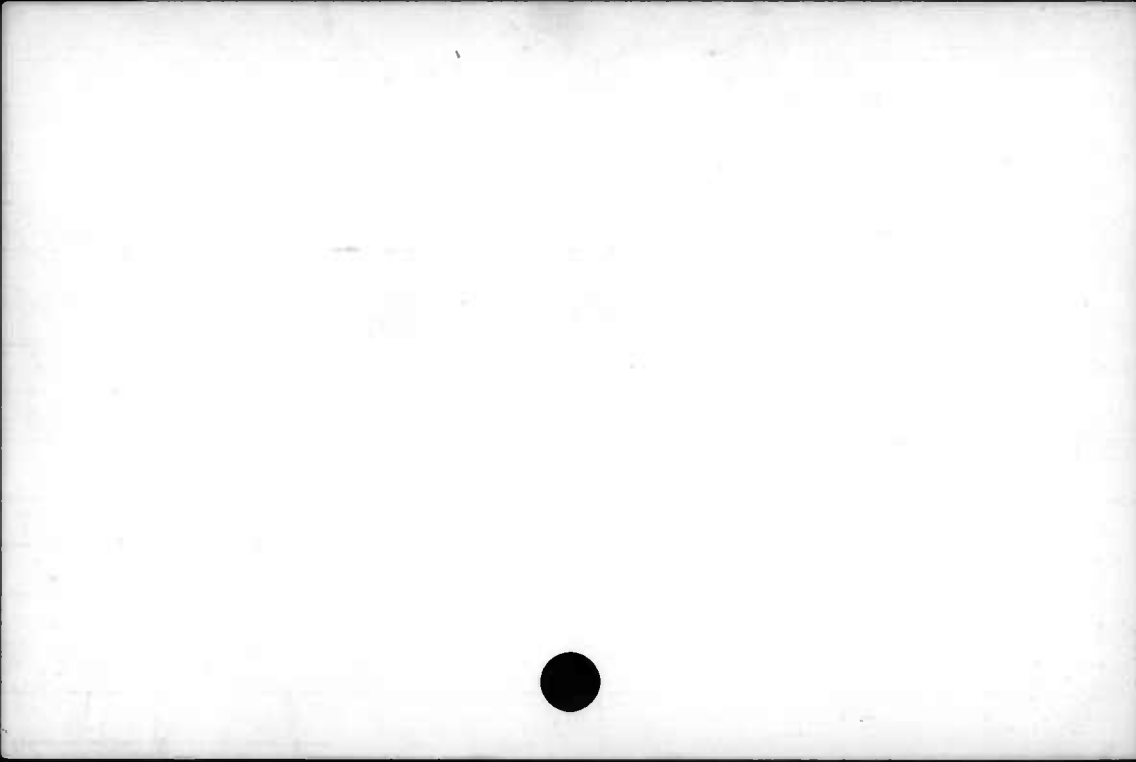
Name In Full		CERTIFICATE OF DEATH			
Henry Dobson		TOWN County			
Died at Cedar Hill		A A			
Date of death 1903		Month 6	Day 24	Age 64	Years 64
Sex Male		Color or Race Black	Birth-place NY		
Married, Single or Widowed		Occupation Laborer			
Name of Wife or Husband		Eliza Dobson			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		Abraham Rieder			
How related to deceased		No			
CAUSES OF DEATH					
Primary		Asthma		How long 4 month	
Immediate		Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address	
Accident or Suicide?		J		Brooklyn MA	



CERTIFICATE OF DEATH

CAUSES OF DEATH

LIBRARY BUREAU ADDRESS



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Steel Born

CERTIFICATE OF DEATH

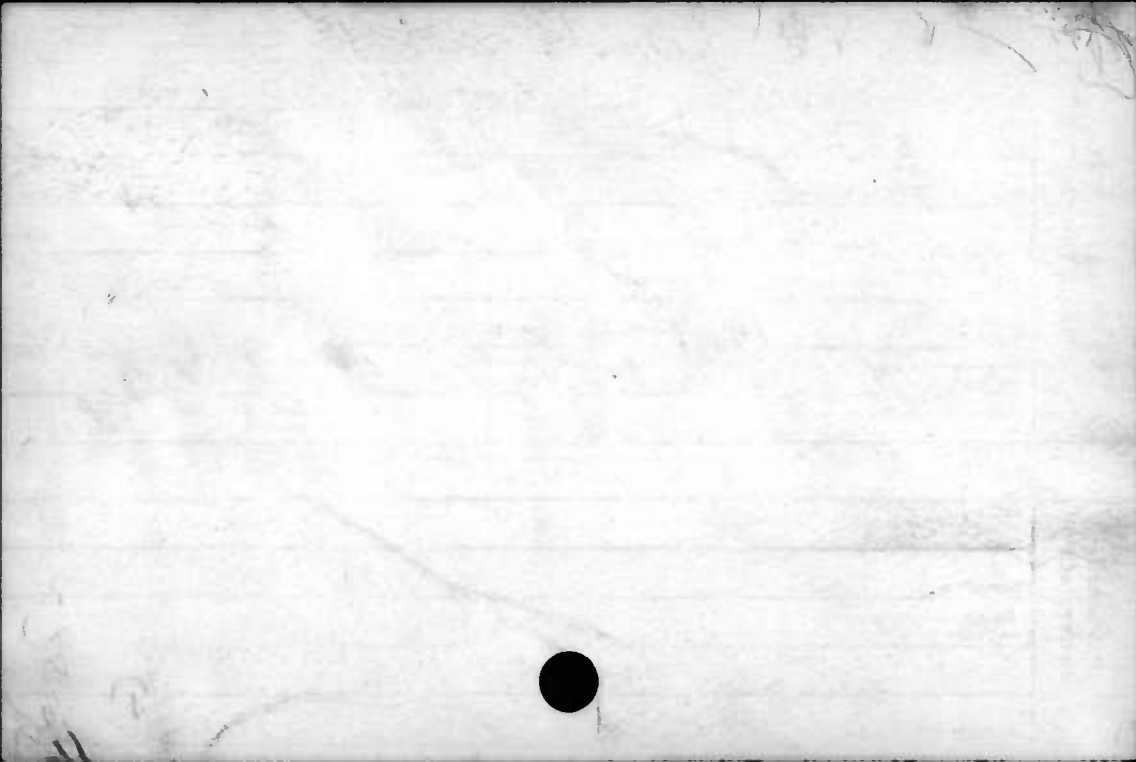
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>June</i>	Day	<i>21</i>	Age	<i>—</i>	Years	<i>—</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>—</i>		
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name					Father's Birthplace				
<i>Wm. M. Freulich</i>					<i>Va.</i>				
Mother's Maiden Name					Mother's Birthplace				
<i>L. C. Washburn</i>					<i>Va.</i>				
Name of person giving information					How related to deceased				
<i>—</i>					<i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Brainstomach Benth</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician
		<i>Geo. Wells</i>
		Address
		<i>Annapolis</i>
		<i>md</i>
Accident or Suicide?		



Name
in
Full

Habel Ganner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 2 nd		Town		County		Anne Arundel		MARYLAND	
Date of death 1908		Month June		Day 16 th		Age 1		Months —	
Sex Female		Color or Race White		Birth-place 2 District					
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name Benjamin Ganner					Father's Birthplace St Marys.				
Mother's Maiden Name Virginia Bruner					Mother's Birthplace A & Co.				
Name of person giving information Geo. Ganner					How related to deceased Uncle.				

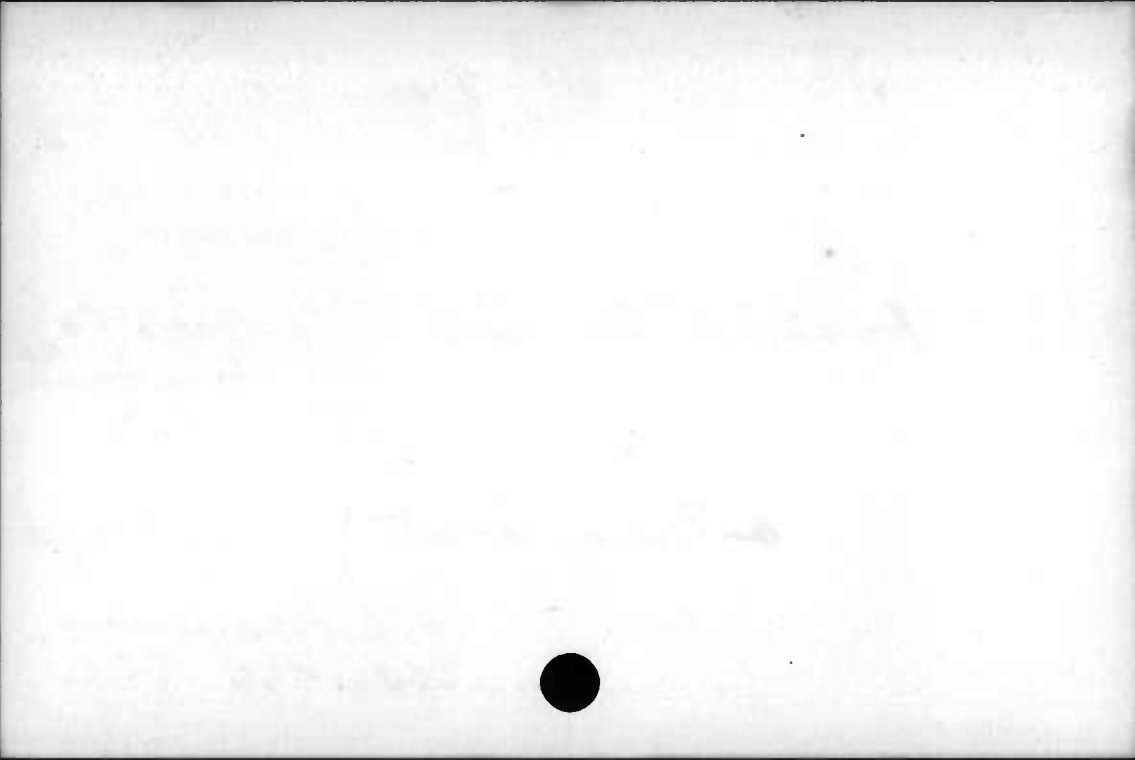
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate Congestive Heart 4		How long about 3 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Jos. M. Worthington	
		Address Annapolis Md.	
Accident or Suicide? J			



Name in Full		Elnes Garrett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	South Baltimore		County		MARYLAND	
	Date of death 190	3	Month 6	Day 18	Age 17	Months	Days
	Sex	Male		Color or Race	White	Birth-place	Ma
	Married, Single or Widowed			Occupation	Driver		
	Name of Wife or Husband						
	Father's Name	Joseph A Garrett				Father's Birthplace	Ma
	Mother's Maiden Name	Kate Garrett				Mother's Birthplace	Ma
Name of person giving information	Joseph A Garrett				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Drowning 172				How long	
	Immediate	Strangulation				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Wm L Hawkins	
					Address	Brooklyn Md	
	Accident or Suicide?		9				



Name
in
Full

James Garrett

CERTIFICATE OF DEATH

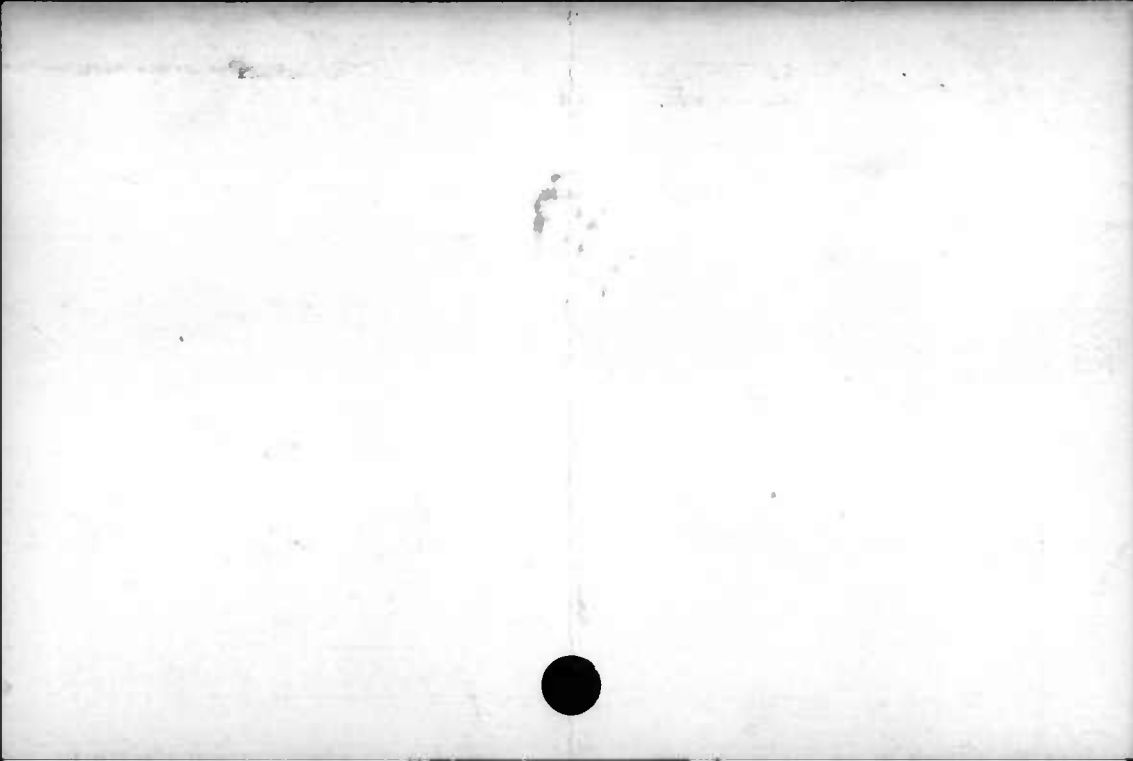
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Wellhams</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190	3	Month	June	Day	23	Age	46
Sex		Male		Color or Race		African	
Married, Single or Widowed		Single		Occupation		Trainhand	
Name of Wife or Husband		<i>Rita Garrett</i>					
Father's Name		<i>Joseph Garrett</i>				Father's Birthplace <i>Balto Co</i>	
Mother's Maiden Name		<i>Maria Waller</i>				Mother's Birthplace <i>Anne Arundel</i>	
Name of person giving information		<i>Rita Garrett</i>				How related to deceased <i>wife</i>	

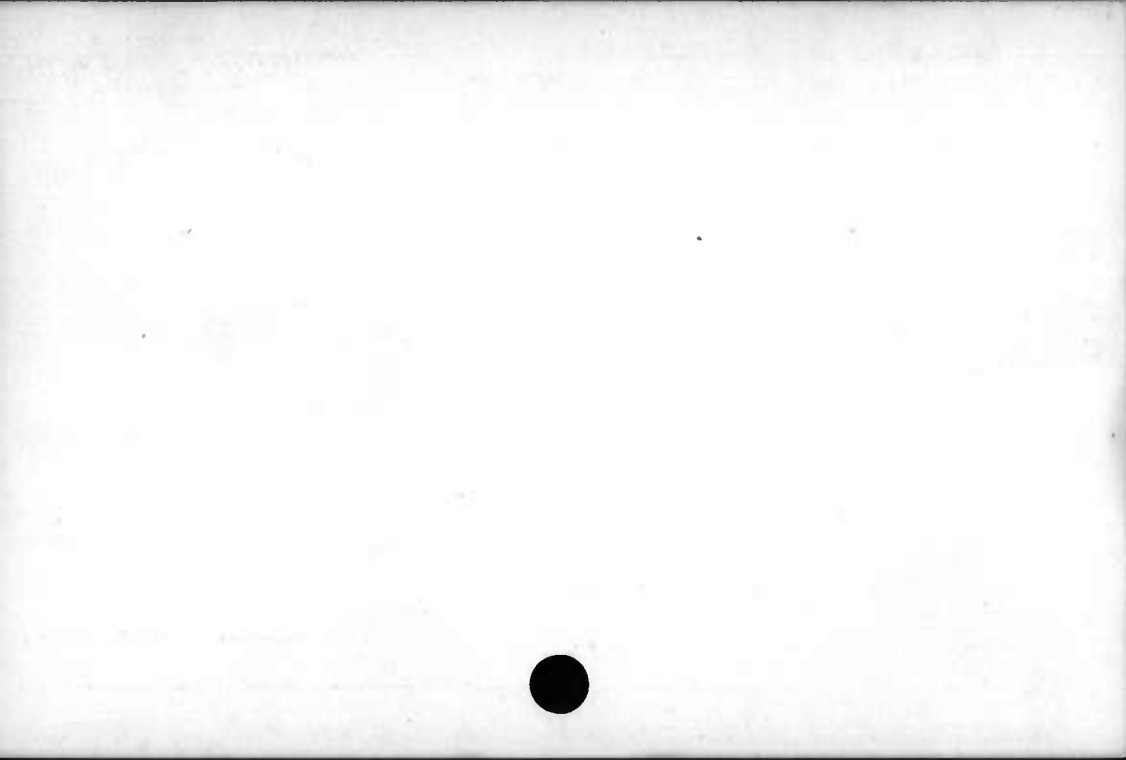
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pleuro-Pneumonia</i>		How long	<i>7 days</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>C. R. Winkleson</i>	
			Address <i>Eekridge Md.</i>	
Accident or Suicide?		<i>9</i>		



Name in Full		Bernietta Green				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis	County Ad		MARYLAND	
	Date of death 1903	Month June	Day 2 nd	Age 40 yrs	Months	Days	
	Sex Female	Color or Race bol		Birth-place Md.			
	Married, Single or Widowed			Occupation Laundress			
	Name of Wife or Husband Louis Green						
	Father's Name Basil Brown				Father's Birthplace Ad bo		
	Mother's Maiden Name Mary Siscoe				Mother's Birthplace Ad bo		
Name of person giving information Sister				How related to deceased —			
CAUSES OF DEATH 79							
PHYSICIAN OR CORONER	Primary		Valvular Disease			How long Sudden	
	Immediate		of the Heart			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		John Ridout	
	Yes			Address		Annapolis Md	
	Accident or Suicide?						



Name
in
Full

Sarah S Green

CERTIFICATE OF DEATH

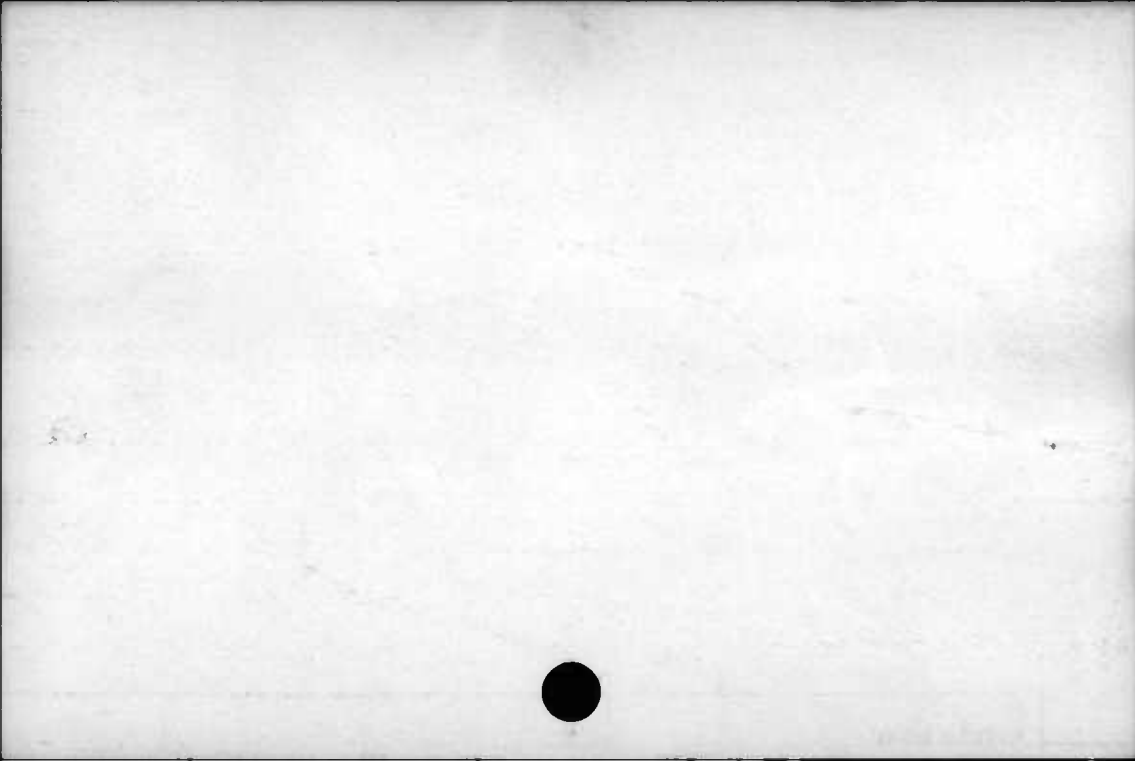
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Whipley</u> ^{Town}		<u>aa</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>June</u> ^{Month}	<u>10</u> ^{Day}	<u>aa</u> ^{Years}	<u>4</u> ^{Months}	<u>4</u> ^{Days}
Sex <u>girl</u>	Color or Race <u>African</u>	Birth-place <u>aa Co</u>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <u>Herbert Green</u>			Father's Birthplace		
Mother's Maiden Name <u>Harriet Brown</u>			Mother's Birthplace		
Name of person giving information <u>Herbert Green</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enteritis</u>	How long <u>105</u>	How long <u>The week</u>
Immediate <u>Convulsions</u>	How long <u>1 day</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. H. Rayburn</u>	
<u>Yes</u>	Address <u>John B. Bunn</u>	
Accident or Suicide?	<u>May 1903</u>	



Name
in
Full

Alberta Gross

CERTIFICATE OF DEATH

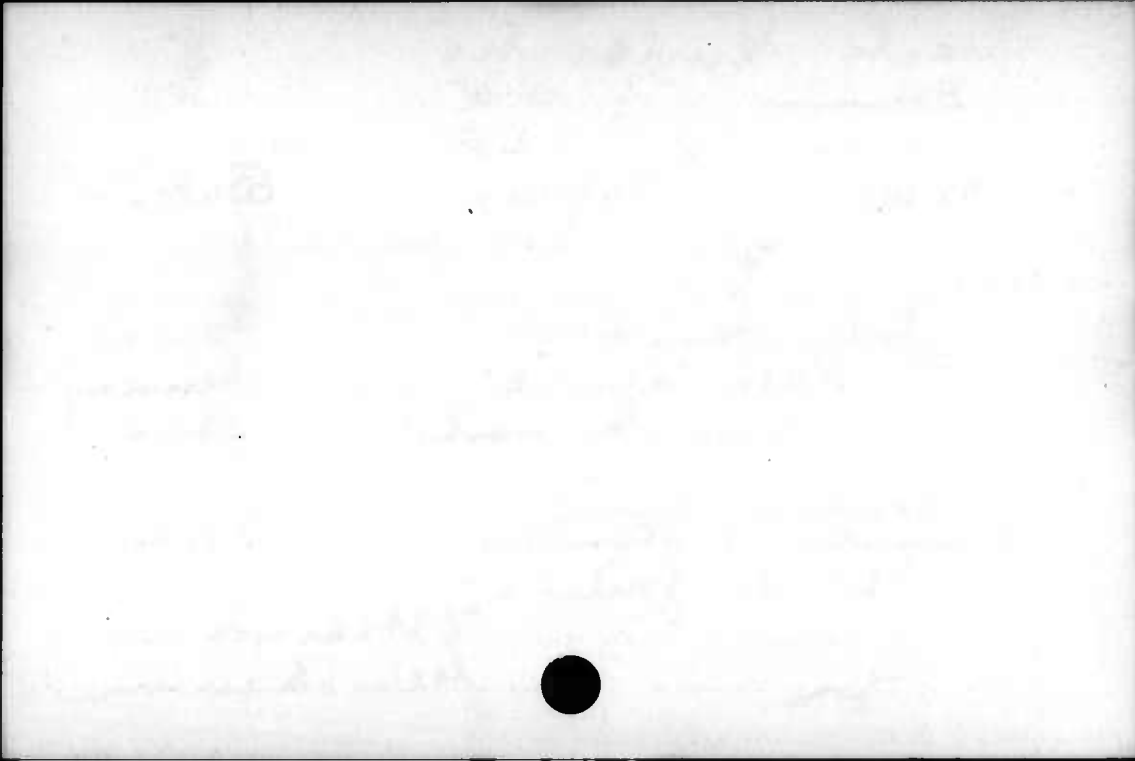
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Ad</i> ^{County}		MARYLAND	
Date of death 1903	<i>June</i> ^{Month}	<i>24</i> ^{Day}	Age <i>7</i> ^{Years}	<i>1</i> ^{Months}	<i>15</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>bol.</i>		Birth- place <i>Annapolis</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Jamer Gross</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Augusta Lee</i>			Mother's Birthplace <i>Annapolis Md</i>		
Name of person giving In formation <i>Mother</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Since</i>
Immediate	<i>Exhaustion</i>	<i>105</i>	<i>birth</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide? <i>9</i>			



Name
in
Full

Frank Gumboski

CERTIFICATE OF DEATH

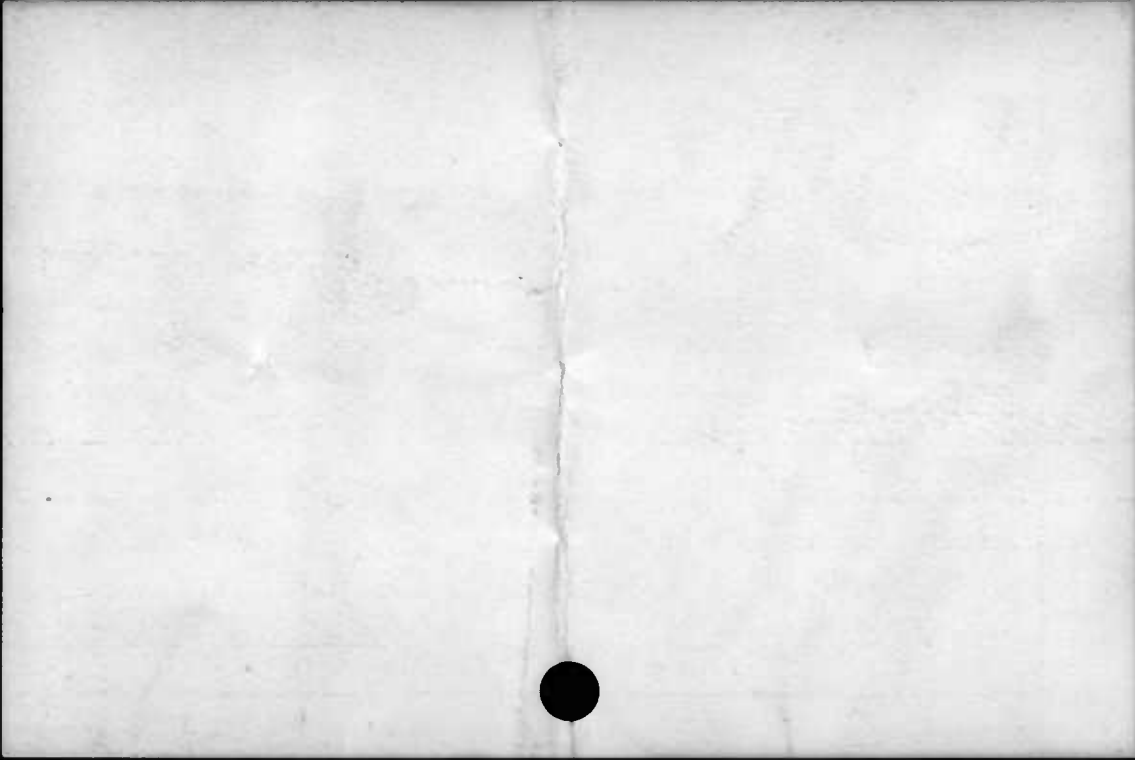
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamm</i>		Town <i>aa</i>		County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>8</i>	Age <i>18</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto</i>				
Married, Single or Widowed <i>Single</i>	Occupation <i>Strawberry Packer</i>						
Name of Wife or Husband							
Father's Name <i>John Gumboski</i>				Father's Birthplace <i>Kennay</i>			
Mother's Maiden Name <i>Kate Sivich</i>				Mother's Birthplace <i>Kennay</i>			
Name of person giving information <i>Tom Gumboski</i>				How related to deceased <i>Bro</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>accident causes</i>	How long <i>3 days</i>
<i>Traumatic Peritonitis</i>	How long <i>16</i>
Immediate <i>Heart failure</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. H. Bragdon</i>
<i>Yes</i>	Address <i>Green Bazaar</i>
Accident or Suicide? <i>9</i>	



Certificate of Death

Charlotte Hall

Town

County

Died at

Died at ^{Town} Woodwardville ^{County} Anne Arundle

MARYLAND

1903 0 Month Day 5

Date 192 June 12

Age

Y. M. D.

Native of

Occupation

Ma'e

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name _____

Wife
Father's Name *John Hall*

Mother's

Name _____

Ell. Hanson

Cause of

Primary

Marasmus

How long sick

How long sick
since birth

Death

Immediate

Accident, Suicide, Homicide

Reported by

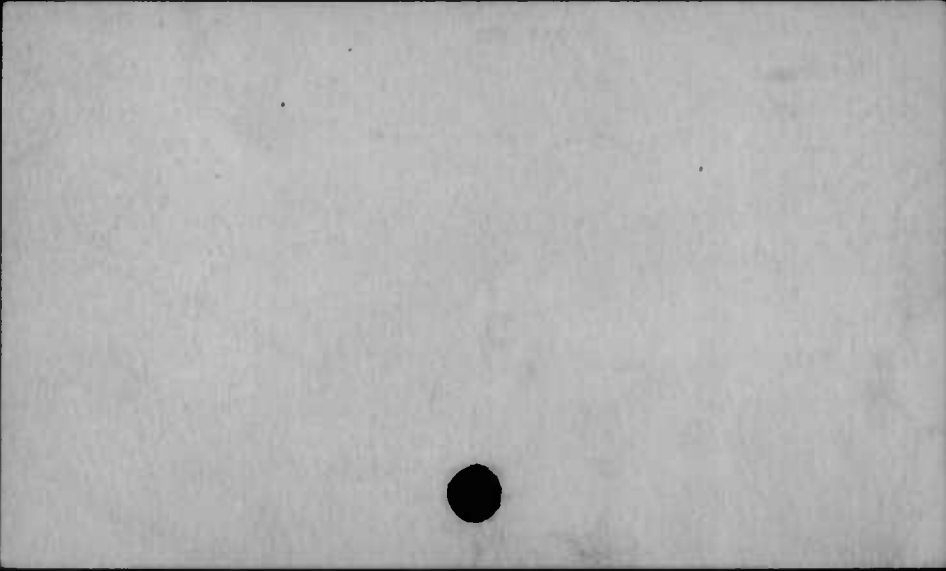
Address

Reported by *Sami, H. Anderson M.D.*

Address *9 Woodward*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUPEAN. 65069



Name
in
Full

Isabel Hammond

CERTIFICATE OF DEATH

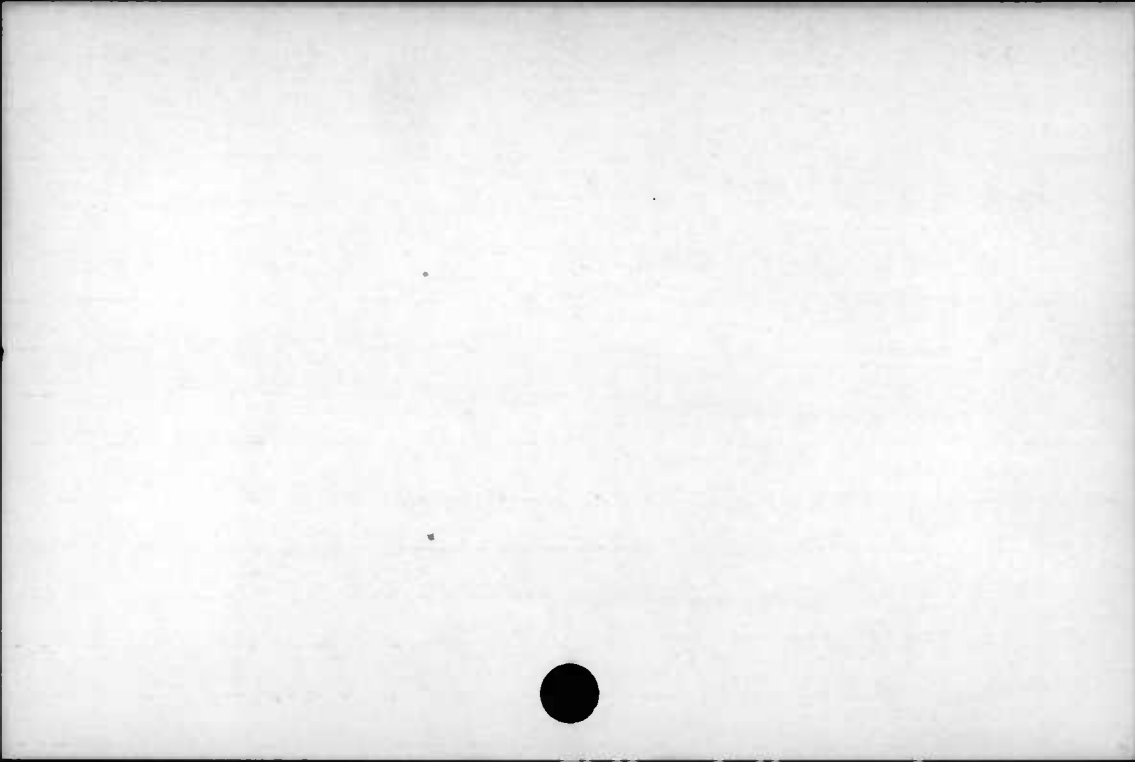
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town West River		County aa		MARYLAND	
Date of death 1903	Month June	Day 10	Age	Years 33	Months	Days	
Sex Female	Color or Race Black		Birth- place aa co				
Married, Single or Widowed Widowed		Occupation Housewife					
Name of Wife or Husband Jas. Hammond							
Father's Name John Johnson				Father's Birthplace aa co			
Mother's Maiden Name Caroline Johnson				Mother's Birthplace aa co			
Name of person giving In formation Caroline Johnson				How related to deceased mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of lung	How long	12 mo
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Sue W. Kattimer MD	
		Address West River Md	
Accident or Suicide?			
Neither			



Name in Full

Certificate of Death

Elizabeth Hardisty

Town

County

Died at Barnall June Annual

MARYLAND

1903 Month Day Y. M. D. Native of Md. Occupation Housework

Date 1903 June 27 Age 32 - - -

Male Female White Colored Married Single Widow Widower Divorced Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

about 1 year

Accident, Suicide, Homicide

Reported by

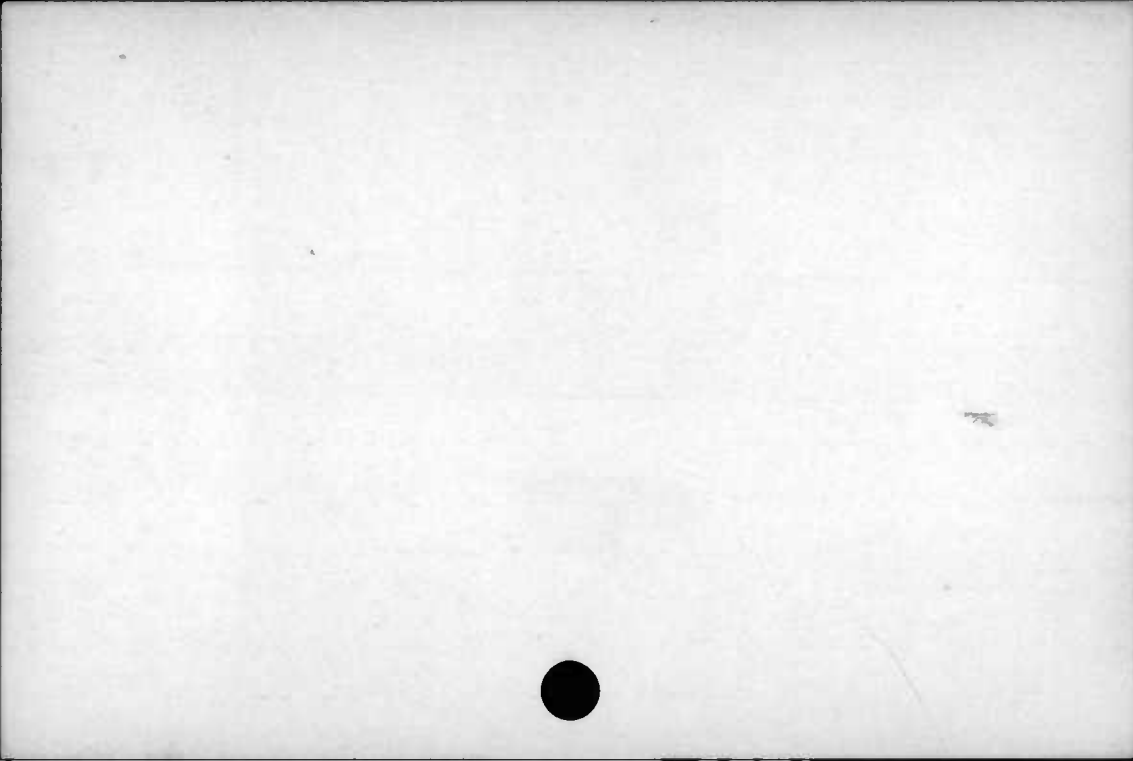
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 28082



Name in Full		Bessie Henson						CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Rathau		County		aa		MARYLAND		
	Date of death 1903		June		Day		2		Age		
					Years		1		Months		
									Days		
	Sex		Female		Color or Race		Colored		Birth- place		
									Rathau		
	Married, Single or Widowed		Single		Occupation						
	Name of Wife or Husband										
PHYSICIAN OR CORONER	Father's Name		Wm Henson		Father's Birthplace		aa Co Md				
	Mother's Maiden Name		Susanne Parker		Mother's Birthplace		aa Co Md				
	Name of person giving information		father		How related to deceased						
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Tuberculosis		How long		6 months				
	Immediate				How long						
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		S. W. Rater				
					Address		1224 1/2 River St				
Accident or Suicide?		Neither									



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Sex

Married, ~~single~~

Name of Wife or

Father's
NameMother's
Maiden NameName of person giving
information

Town

County

Month

Day

Age

Years

Months

Days

Color or
RaceBirth-
place

Occupation

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?

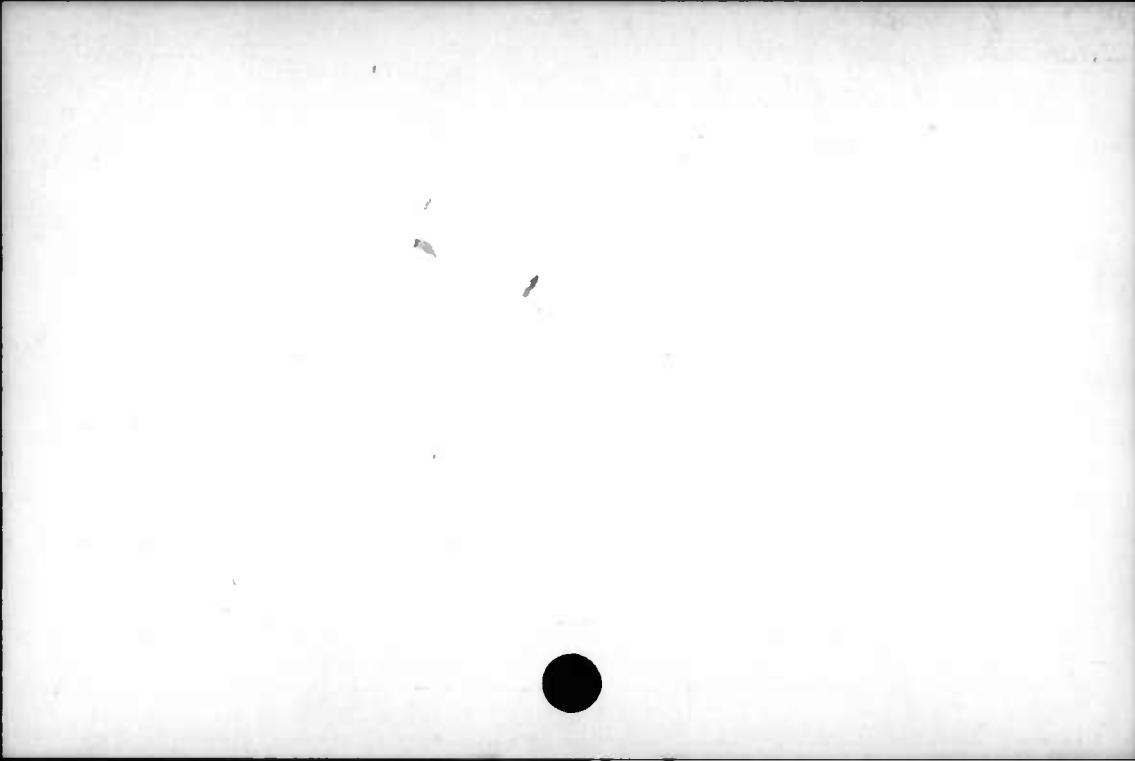
CAUSES OF DEATH

Signature of
Physician

Address

How long

How long



Certificate of Death

Died at *Maynard's* ^{Town} *Anne Arundel Co* ^{County} MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	June	13	Age	73.		md	Housewife
<u>Male</u>	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	1		

Husband of *Edward J. Hines*
 Wife _____
 Father's _____ Mother's _____
 Name _____ Maiden Name _____

Cause of	Primary	How long sick
Death	Immediate	1 hour

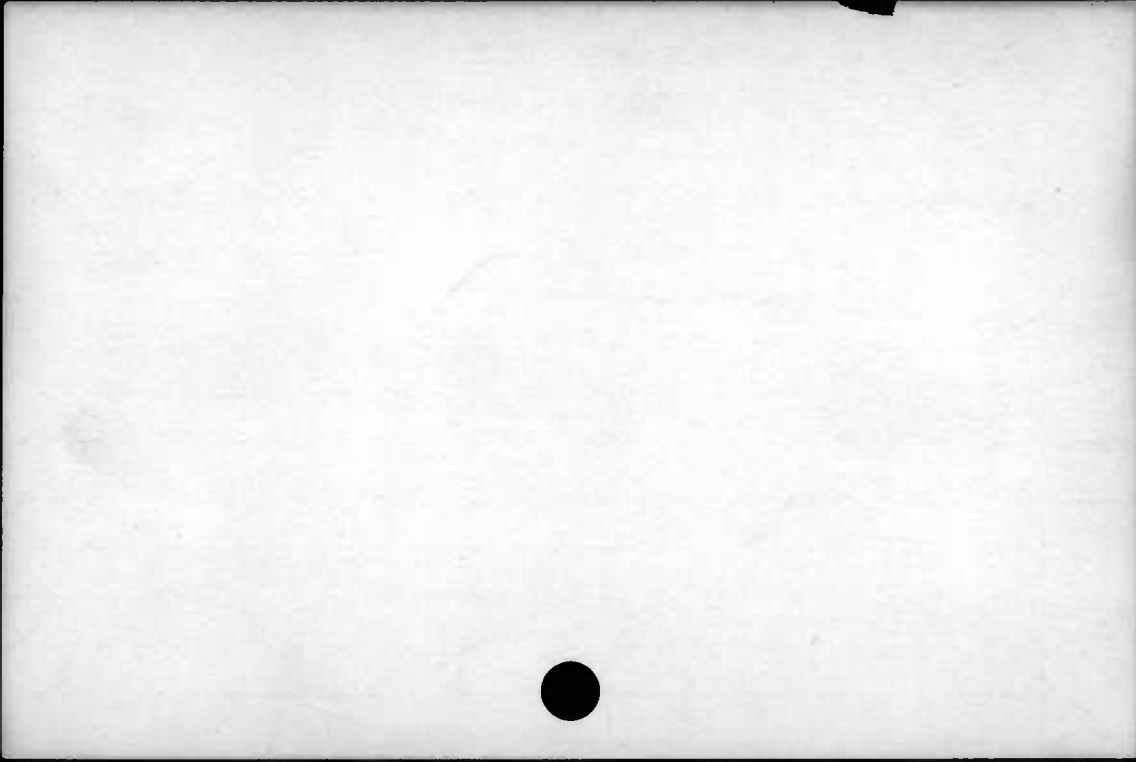
Reported by Geo. H. Terand

Address *Armiger Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Mary E. Lawrence Holladay		CERTIFICATE OF DEATH	
Died at Annapolis ^{Town}		Anne Arundel ^{County}	
MAYLAND			
Date of death 190 3	Month June	Day 26	Age 72
Sex Female		Color or Race White	Birth-place Essex Co. Va.
Married, Single or Widowed Widow		Occupation	
Name of Wife or Husband William Holladay			
Father's Name John G. Lawrence		Father's Birthplace Va.	
Mother's Maiden Name Fernah G. Lawrence		Mother's Birthplace Va.	
Name of person giving information W. Maud Holladay		How related to deceased Son.	
CAUSES OF DEATH			
Primary	Failure Vital Forces		How long 3 days
Immediate	Same		How long Same
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Geo. Wells	
Address Annapolis Maryland			
Accident or Suicide? no			



Name in Full

Certificate of Death

Eliza Hopkins

Died at ^{near} Portland ^{Town} Anne Arundel ^{County} MARYLAND

Date 1903 Month June Day 20 Y. 66 M. D. Native of Maryland Occupation Housekeeper

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living several

Husband of Alice Hopkins

Wife

Father's Name Not known to me Mother's Name Not known to me

Cause of Death { Primary Measles } How long sick Two months

Death { Immediate Bronchitis } Accident, Suicide, Homicide

Reported by Saml. H. Anderson, M.D.

Address Woodwardville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Florence Etta Jeffery

Town

County

Died at

in

Anne Arundell Co

MARYLAND

Date ~~1903~~ June 21 1903
 Male ~~White~~ White Married ~~Widow~~ Widowed
 Female ~~Colored~~ Single ~~Widower~~ Widower
 Number of children living

Husband
 of
 Wife

Father's
 Name

John E Jeffery

Mother's
 Name

Laura Virginia Jeffery

Cause of

Primary

Tuberculosis

How long sick

10 months

Death

Immediate

Attenuated heart
 muscles

Accident, Suicide, Homicide

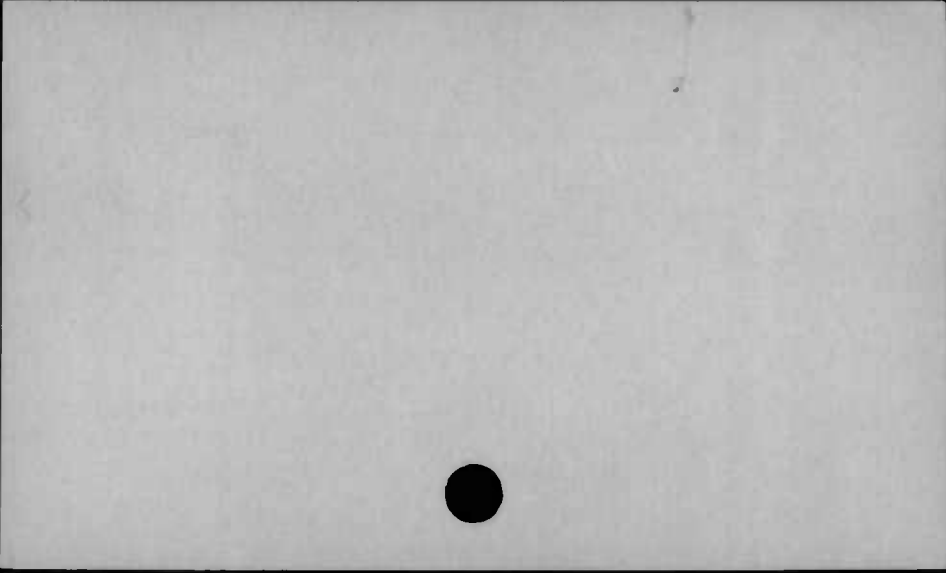
Reported by

Arthur Williams M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Elias Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sudley</u> Town		County <u>aa</u>		MARYLAND	
Date of death 190 <u>8</u>	Month <u>June</u>	Day <u>17</u>	Age <u>75</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Pr. Geo. Co</u>		
Married, Single or Widowed <u>Widowed</u>			Occupation <u>Farmer</u>		
Name of Wife or Husband <u>Fannie Johnson</u>					
Father's Name <u>John Johnson</u>			Father's Birthplace <u>Pr. Geo. Co</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>—</u>		
Name of person giving Information <u>Mr. Alex Murray</u>			How related to deceased <u>friend</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Carcinoma of stomach</u>	How long <u>6 months</u>
Immediate <u>General Weakness</u>	How long <u>40</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. W. R. Rimmer MD</u>
	Address <u>West River, Sub Registrar</u>
Accident or Suicide? <u>Neither</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Wm Larkins*
Town *Annapolis**Ad* CountyDate of death 1903
Month *June*Day *17th* AgeMonths *3*

Days

Sex *Male*Color or
Race*Colored*Birth-
place*Annapolis*Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name*Joseph Larkins*Father's
Birthplace*Md.*Mother's
Maiden Name*Matilda Walker*Mother's
Birthplace*Md.*Name of person giving
In formation*Mother*How related
to deceased

CAUSES OF DEATH

Primary

Marasmus

How long

Since Birth

Immediate

Exhaustion

How long

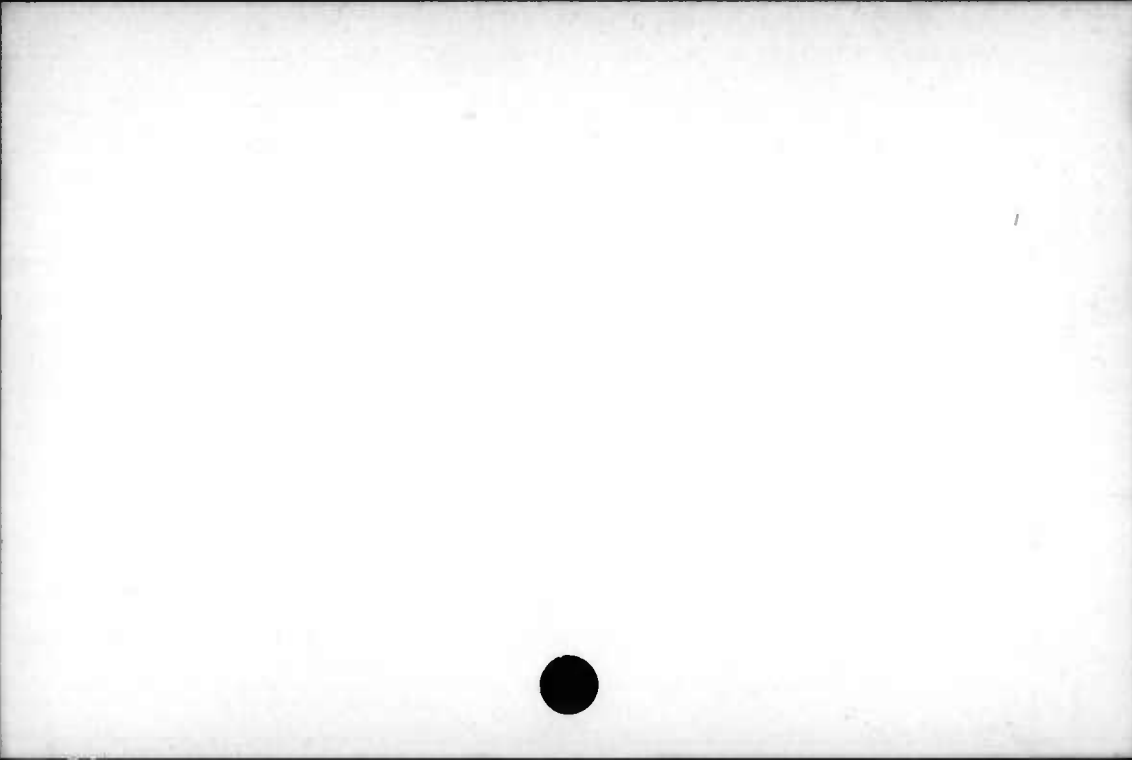
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*John Ridout MD*

Address

*Annapolis
Md*

Accident or Suicide?

g



Name

Full

Aleta T. Lenthicum

CERTIFICATE OF DEATH

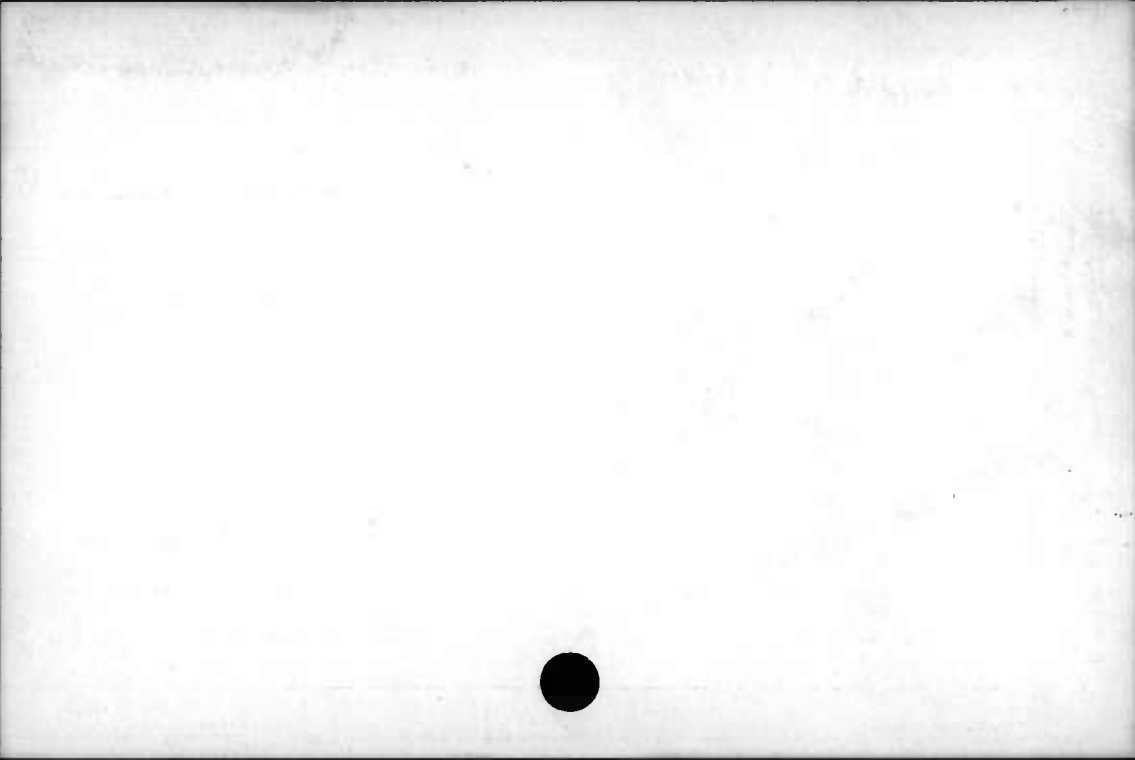
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lenthicum's</i>		Town <i>Lenthicum's</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>16</i>	Age <i>Eleven months</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore city</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>William Lenthicum</i>				Father's Birthplace <i>Brown Balto. City</i>			
Mother's Maiden Name <i>Adele Knight</i>				Mother's Birthplace <i>Balto. City</i>			
Name of person giving information <i>(Father) Wm. Lenthicum</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>14 days</i>
Immediate <i>Meningitis</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. [illegible]</i>
	Address <i>Brown [illegible] Md.</i>
Accident or Suicide? <i>9</i>	



Name
in
Full

Alexina Lowman

CERTIFICATE OF DEATH

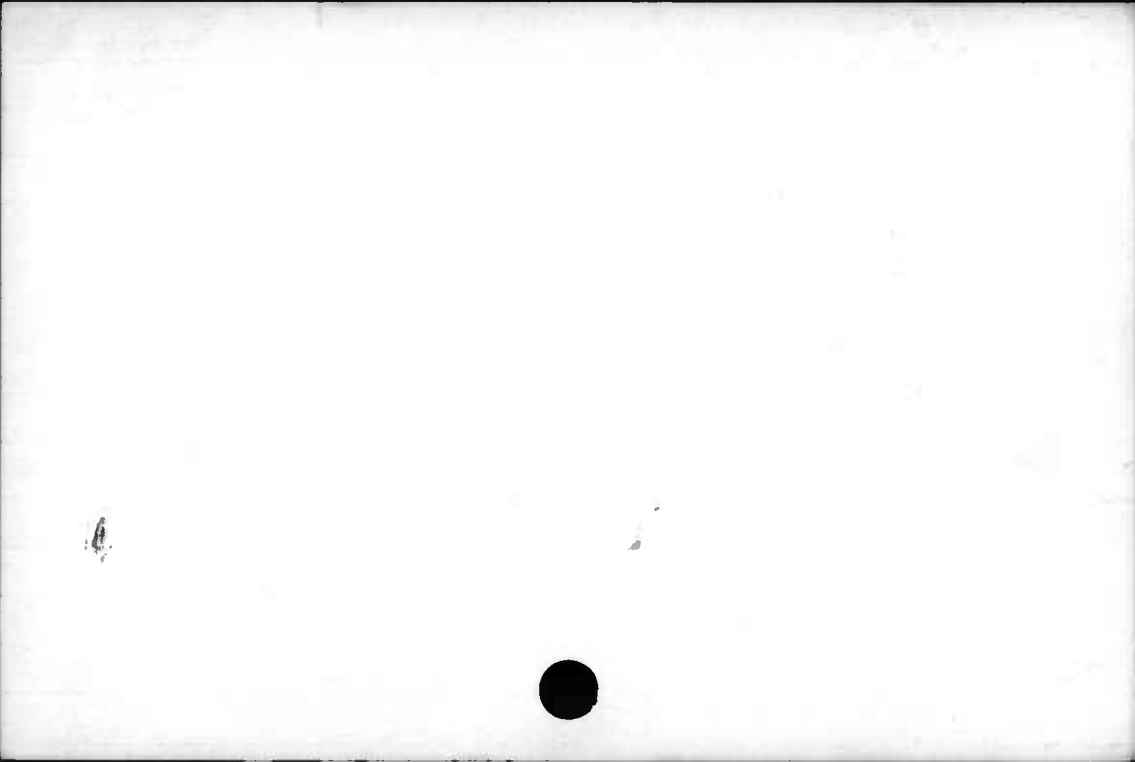
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Odenton</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>6</u>	Day <u>28</u>	Age <u>60</u> Years	Months <u>1</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Anne Arundel Co. Ind</u>		
Married, Single <u>or Widowed</u>			Occupation		
Name of Wife <u>Lorenzo Lowman</u> Husband					
Father's Name <u>William Short</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Elizabeth Lowman</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Eli R. Lowman</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>2 years</u>
Immediate	<u>Exhaustion</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>R. A. Hammond</u>	
		Address <u>Jessup Ind.</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

Artridge Lucas

CERTIFICATE OF DEATH

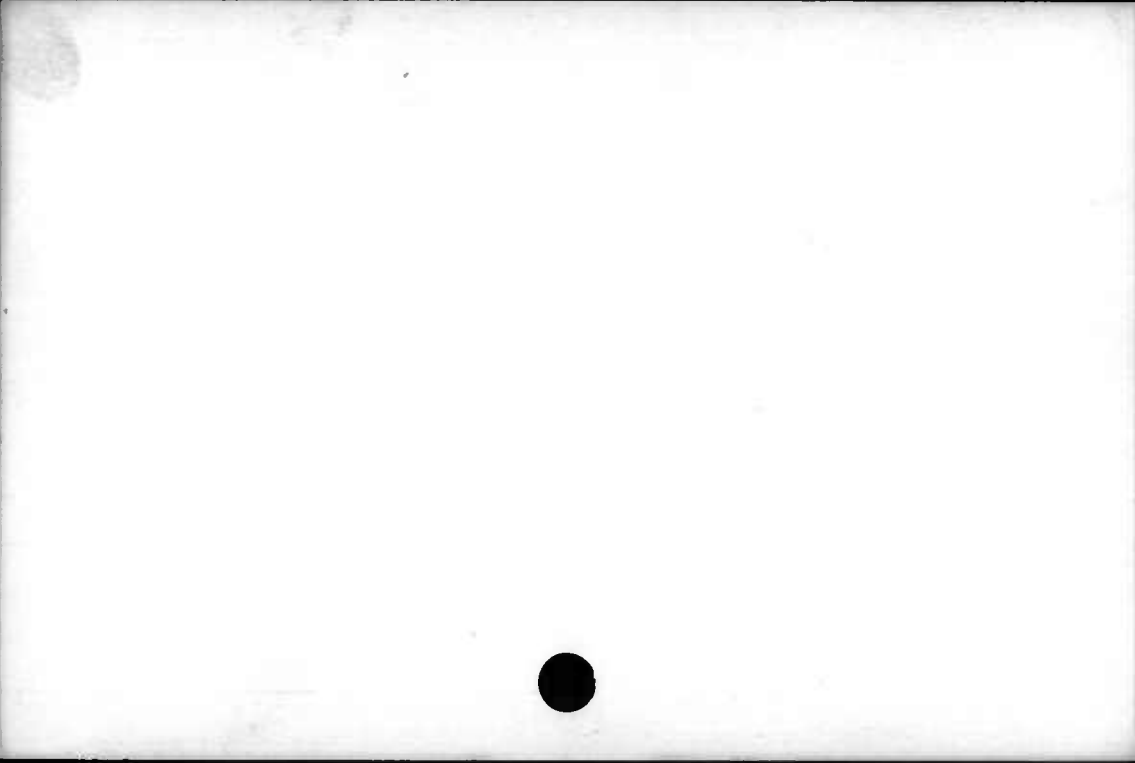
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full		Walter Mappy				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Jessup - (M.H.C.)		County		Anne Arundel	
	Date of death 190		3	Month	6	Day	19	Age
					Years		21	Months
							Days	
	Sex		Male		Color or Race		Black	
	Married, Single or Widowed		Single		Occupation		Va	
	Name of Wife or Husband							
PHYSICIAN OR CORONER	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
	Name of person giving information				How related to deceased			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Tuberculosis Pul				How long	
							3 Months	
	Immediate		Exhaustion				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		O.P. Carried		
				Address		Physician in charge of		
Accident or Suicide?						M House of Correction - Jessup - Md		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Franklyn Newshaw

Died at

Brooklyn

Town

County

A.A. Co.

MARYLAND

Date

of death 190

Month

June

Day

16

Years

Age 59

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

A.A. Co. Ind.

Married, Single
or Widowed

Married

Occupation

Farmer

Name of Wife or
Husband

Annie Eliza Newshaw

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

40

How related
to deceased

CAUSES OF DEATH

Primary

Gastric Ulcerous Carcinoma

How long

Immediate

Cardiac Asthenia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

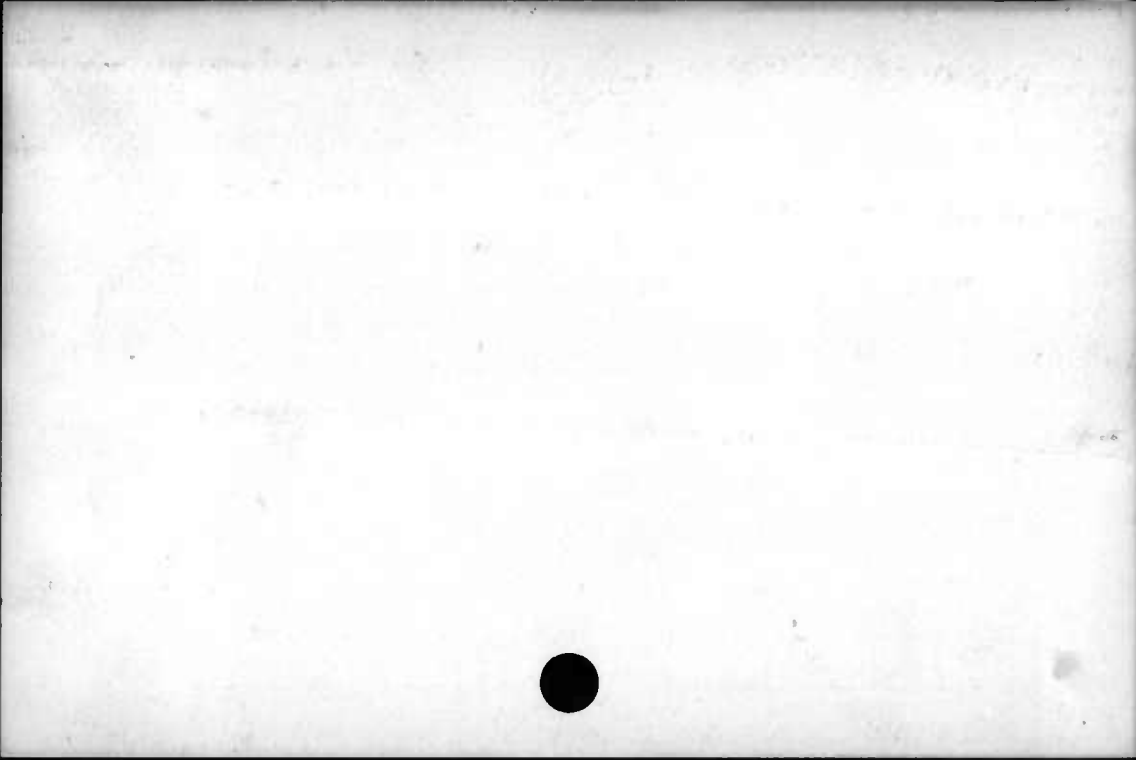
William Messick M.D.

Address

639 Dolphin St

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Bessie Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Annapolis		County Ad	
Date of death 1903		Month June	Day 21	Years 13	Months Days
Sex Female		Color or Race colored		Birth- place Annapolis	
Married, Single or Widowed		Occupation School Girl			
Name of Wife or Husband					
Father's Name Allen B. E. Mitchell			Father's Birthplace Annapolis		
Mother's Maiden Name Kate Mitchell			Mother's Birthplace Annapolis		
Name of person giving In formation Mother			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	Six months
Immediate	Exhaustion 120	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout, M.D.	
Yes		Address Annapolis Md	
Accident or Suicide?			



Chas. S. G. Nally

Town

County

Died at Elmonville

Anne Arundel Co MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

June 28

Age

1

—

Maryland None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of
Wife

Father's Name Chas R Nally

Mother's Name Minerva B Nally

Cause of Primary Enteric Colitis

How long sick

one week

Death Immediate

Enteric Colitis

~~Accident, Suicide, Homicide~~

Reported by Arthur Williams M.D.

Address Elk Ridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

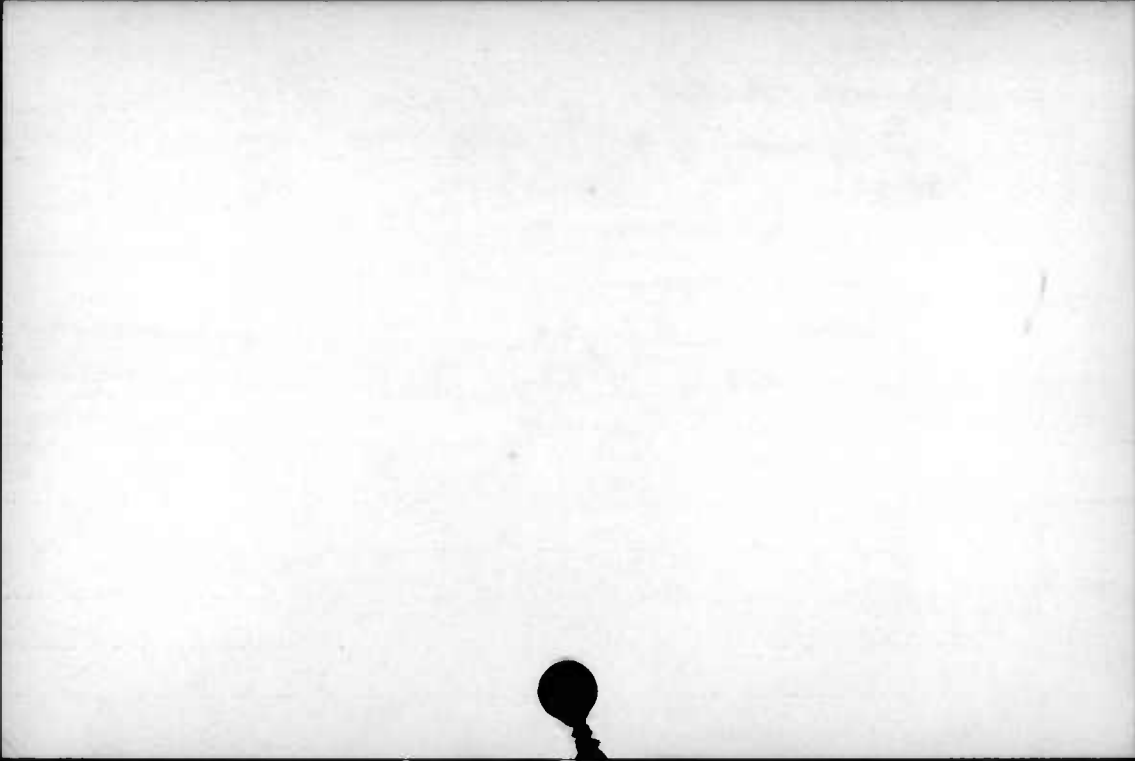
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Basil A. Owings</i>		Town <i>Shady Side</i>		County <i>J. A. C.</i>		MARYLAND	
Died at <i>Shady Side</i>		Month <i>June</i>		Day <i>14</i>		Years <i>70</i>	
Date of death 190 <i>8</i>		Month <i>June</i>		Day <i>14</i>		Age <i>70</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ind</i>		Months <i>7</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Retired Merchant</i>		Days <i>3</i>			
Name of Wife <i>Mattie Massey</i>		Father's Name <i>Basil Owings</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Eleanor A. Griffith</i>		Mother's Birthplace <i>Ind</i>		How related to deceased <i>Sister</i>			
Name of person giving information <i>Sallie A. Owings</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Thigh</i>	How long <i>45</i>	How long <i>14 Mos</i>
Immediate <i>Exhaustion</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo T. Smith M.D.</i>	Address <i>Churchton Ind</i>
Accident or Suicide? <i>9</i>		



Name
in
Full

Phelps

CERTIFICATE OF DEATH

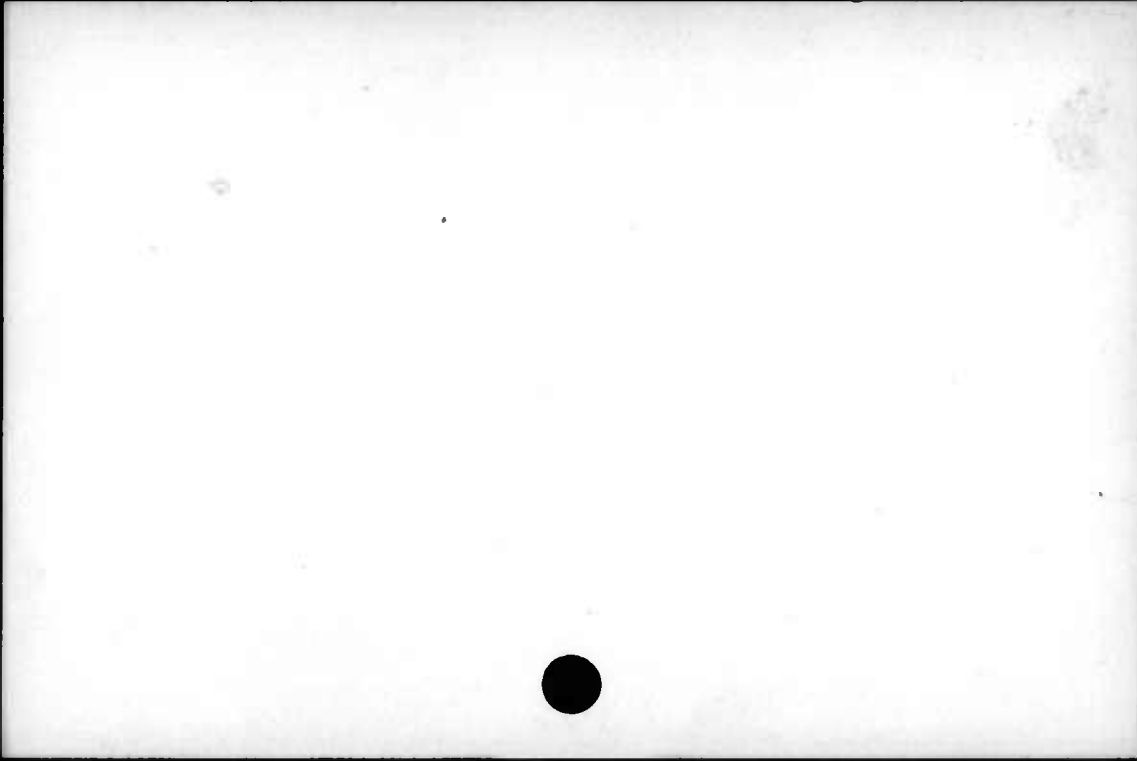
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>A.A.</i> County		<i>Md.</i>	
Date of death 190 <i>3</i> June		Month	Day <i>9</i>	Age <i>stillborn</i>	Months
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>A.A.Co.</i>		Days	
Married, Single or Widowed <i>Stillborn</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>Has Phelps</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Anna T. Boone</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>A. Adams</i>			How related to deceased <i>Undertaker</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still-born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Susan Thigbt</i>
		Address <i>Michigan</i>
		<i>Annapolis Md</i>
Accident or Suicide?		



Name
in
Full

Fannie Powell

CERTIFICATE OF DEATH

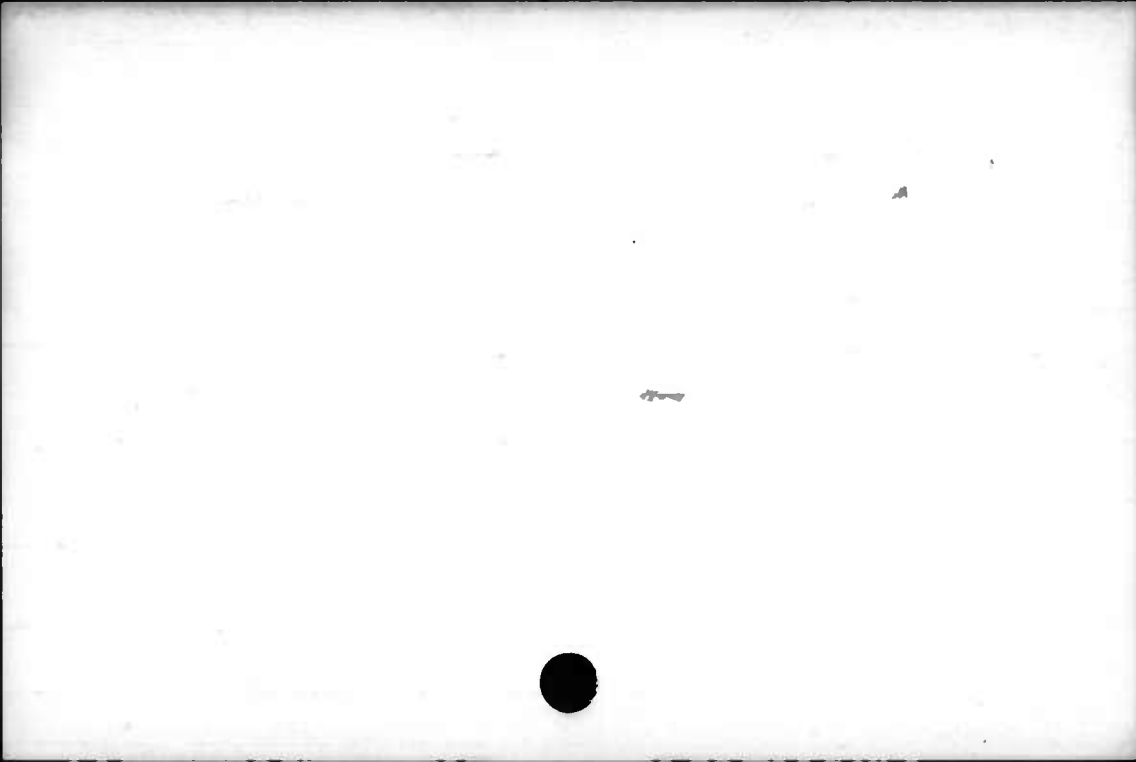
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bayard</u> Town		County <u>aa</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>18</u>	Age <u>84</u> Years	Months <u>5</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Unknown</u>		
Married, Single or Widowed <u>Widow</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>Geo. Powell</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Fannie Hawkins</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Wm Parker</u>			How related to deceased <u>Grandson</u>		

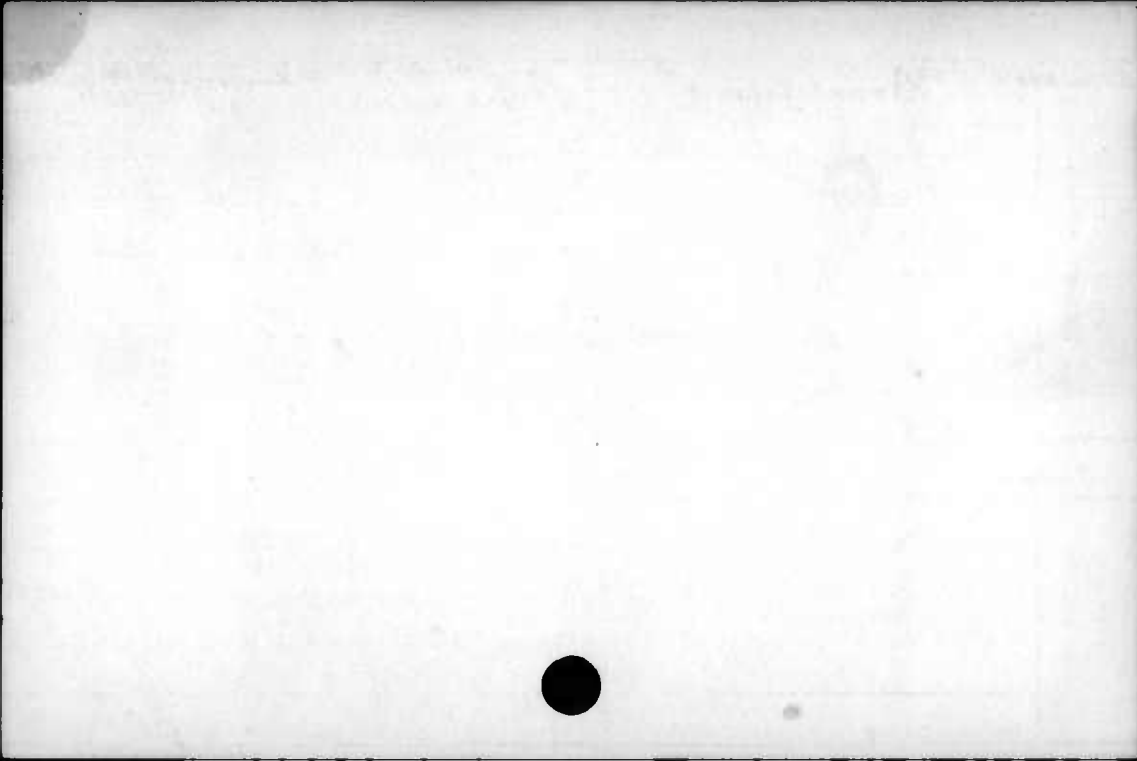
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>3 mo</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm Parker</u>
	Address <u>Stout River</u>
Accident or Suicide? <u>Neither</u>	<u>Mr</u>



Name in Full		Mary Elzina Pumphrey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Brooklyn		County		ANNE ARUNDEL
	Date of death 1903		Month	June	Day	23 rd	Age
			Years	56	Months	—	Days
	Sex		Female		Color or Race		White
	Birth-place		Anne Arundells				
	Married, Single or Widowed		Married		Occupation		
	Housewife						
Name of Wife or Husband		John G. Pumphrey					
Father's Name		Richardson Thomas					
Father's Birthplace		A.A. Co					
Mother's Maiden Name		A.A. Co					
Mother's Birthplace		A.A. Co					
Name of person giving information		J.G. Jeffers M.D.					
How related to deceased		Nephew					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Paraplegia		How long		About 6 months
	Immediate		Bulbar Paralysis		How long		Two days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					J.G. Jeffers M.D.		
					Address		
				413 N. Carrollton Ave			
Accident or Suicide?				Baltimore			



Name in Full		Beatrice Queen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		Ad		MARYLAND	
	Date of death 1903	June	5 th	Age	Years	Months	Days 14
	Sex	Female		Color or Race	colored		Birth-place
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name	Stephen Queen Jr				Father's Birthplace	city
	Mother's Maiden Name	Annie Parker				Mother's Birthplace	city
TO BE ANSWERED BY PHYSICIAN OR CORONER	Name of person giving information				How related to deceased		
	Mother						
CAUSES OF DEATH							
TO BE ANSWERED BY PHYSICIAN OR CORONER	Primary	Inanition 151				How long	
	Immediate	Asthma				How long 14 days	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Annie Brown		
	Accident or Suicide?				Address		
				Midwife Annapolis Md			



Name
in
Full

Ella Ray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brooklyn		County aa		MARYLAND	
Date of death 190		3	Month 6	Day 10	Age 16	Years	Months -
Sex Female		Color or Race col		Birth- place Md			
Married, Single or Widowed Single				Occupation -			
Name of Wife or Husband -							
Father's Name Thos Ray				Father's Birthplace Md			
Mother's Maiden Name Annie Spindel				Mother's Birthplace Ma			
Name of person giving In formation Bulah Ray				How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis		How long 4 mo
Immediate Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above? y -		Signature of Physician Chas. B. Brooke
		Address Brooklyn
Accident or Suicide? I		



Name
in
Full

Anthony Reishine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

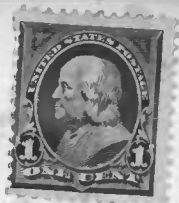
Died at		Town Elrator		County a a		MARYLAND.	
Date of death 1903	Month June	Day 14	Age 60	Years	Months	Days	
Sex male	Color or Race white		Birth- place Germany				
Married, Single or Widowed Married		Occupation Ditcher & Coalier					
Name of Wife or Husband Dont know							
Father's Name Dont know				Father's Birthplace Dont know			
Mother's Maiden Name Dont know				Mother's Birthplace Dont know			
Name of person giving In formation Coroners Jury				How related to deceased			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	Thomas A. Drayshaw
Address	Blue Runnie
Accident or Suicide?	



Mr. Stallings

Elevaton Sta.

Put off for Mr Stallings

Name
in
Full

Clarence Reding

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} South Baltimore ^{County} ~~At~~

MARYLAND

Date of death 190 ^{Month} 3 ^{Day} 18 ^{Years} 18 ^{Months} ^{Days}

Sex Male Color or Race white Birth-place W. Va

Married, Single or Widowed Occupation Upholster

Name of Wife or Husband

Father's Name G W Reding Father's Birthplace W Va

Mother's Maiden Name Laura Reding Mother's Birthplace W Va

Name of person giving information G W Reding How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Drowning How long 172

Immediate Strangulation How long

Are the name, age, sex, color, date and place correctly given above?

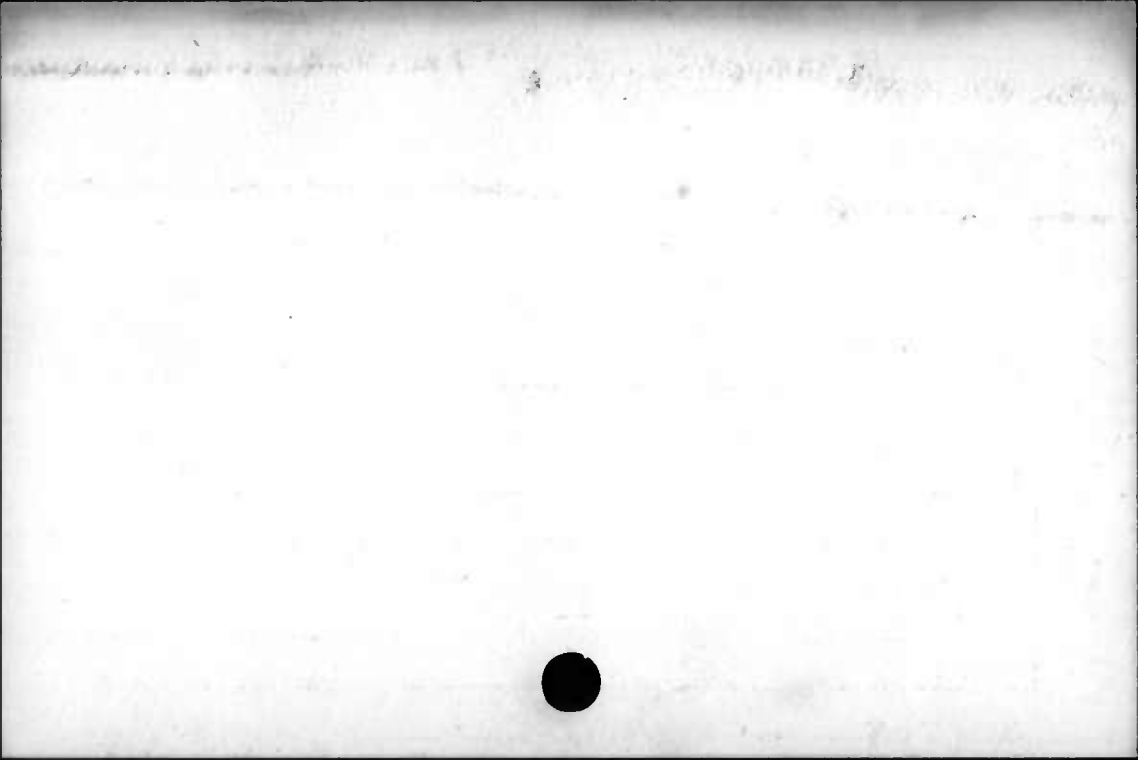
yes

Signature of Physician

Address

Dr. L. Hawkins
Brooklyn
Ma

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

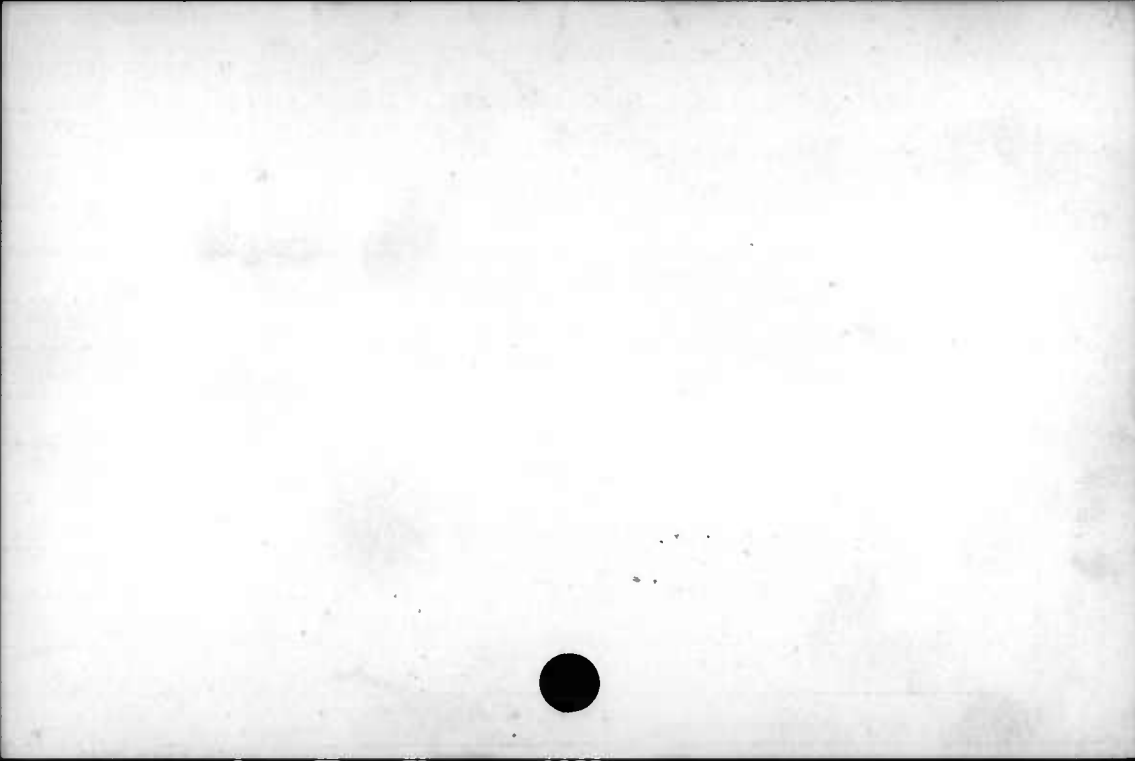
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Odenton</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death 1903	<i>June</i> ^{Month}	<i>13</i> ^{Day}	Age <i>24</i> ^{Years}	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Ida Poznanski</i>					
Father's Name <i>don't know</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>A. Hazyuski</i>		How related to deceased <i>stranger</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 1/2 years</i>
Immediate	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. A. Hammond M.D.</i>
	Address <i>Jessup Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Annie Roushanoski

CERTIFICATE OF DEATH

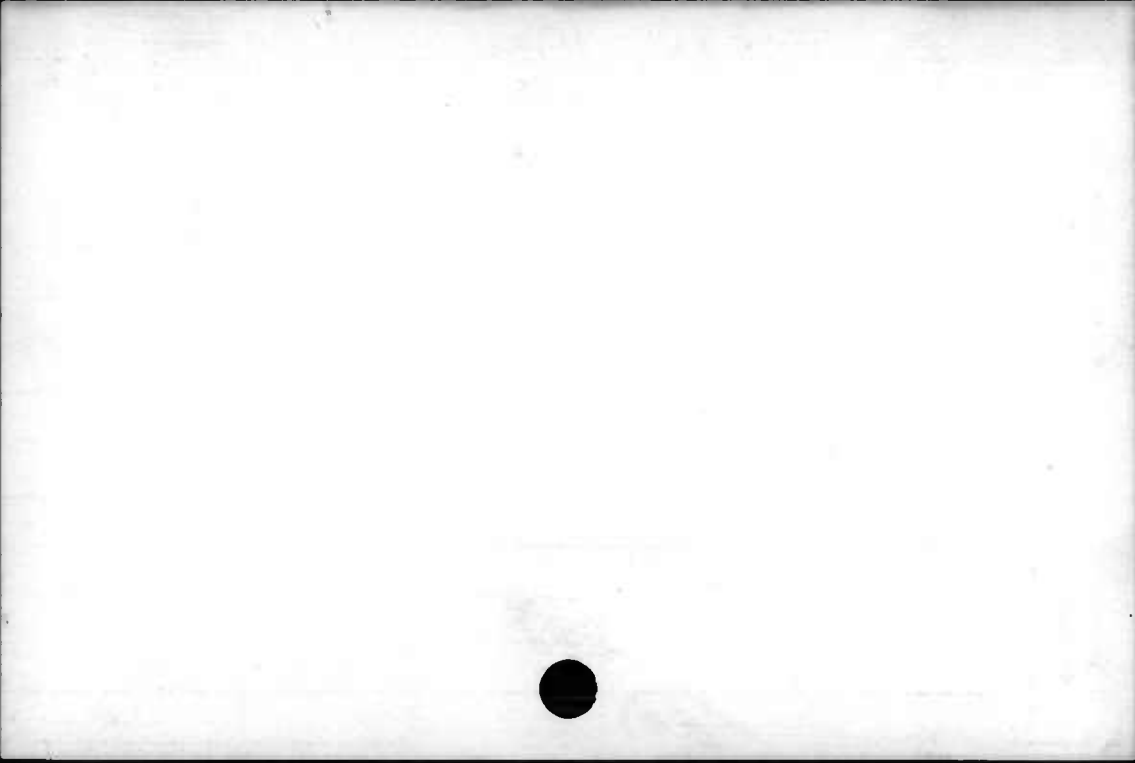
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Severn</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>6</u>	Day <u>11</u>	Age <u>41</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Married, Single or Widowed			Occupation <u>Berry picker</u>		
Name of Wife or Husband <u>Joseph Roushanoski</u>					
Father's Name <u>Martin Wasmucka</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>—</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Placenta previa</u>	How long	<u>1 1/2</u>
Immediate	<u>uterine hemorrhage</u>	How long	<u>one hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. J. Hammond</u>	
<u>Yes</u>		Address <u>Jessup, Ind.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

CERTIFICATE OF DEATH

Carrie Scott

Town

Shady Side

County

A. A.

MARYLAND

Date

of death 1903

Month

6

Day

29

Years

Age

24

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Maryland

Married, Single
or Widowed

Married

Occupation

House-Wife

Name of ~~Wife~~ or
Husband

Theopholis Scott

Father's
Name

John Matthews

Father's
Birthplace

Maryland

Mother's
Maiden Name

Carrie Liza J. Matthews

Mother's
Birthplace

Maryland

Name of person giving
information

Selma Scott

How related
to deceased

None

CAUSES OF DEATH

Primary

Phthisis Pulmonalis 27

How long

One year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. C. B. Boyd

Address

Shady Side
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

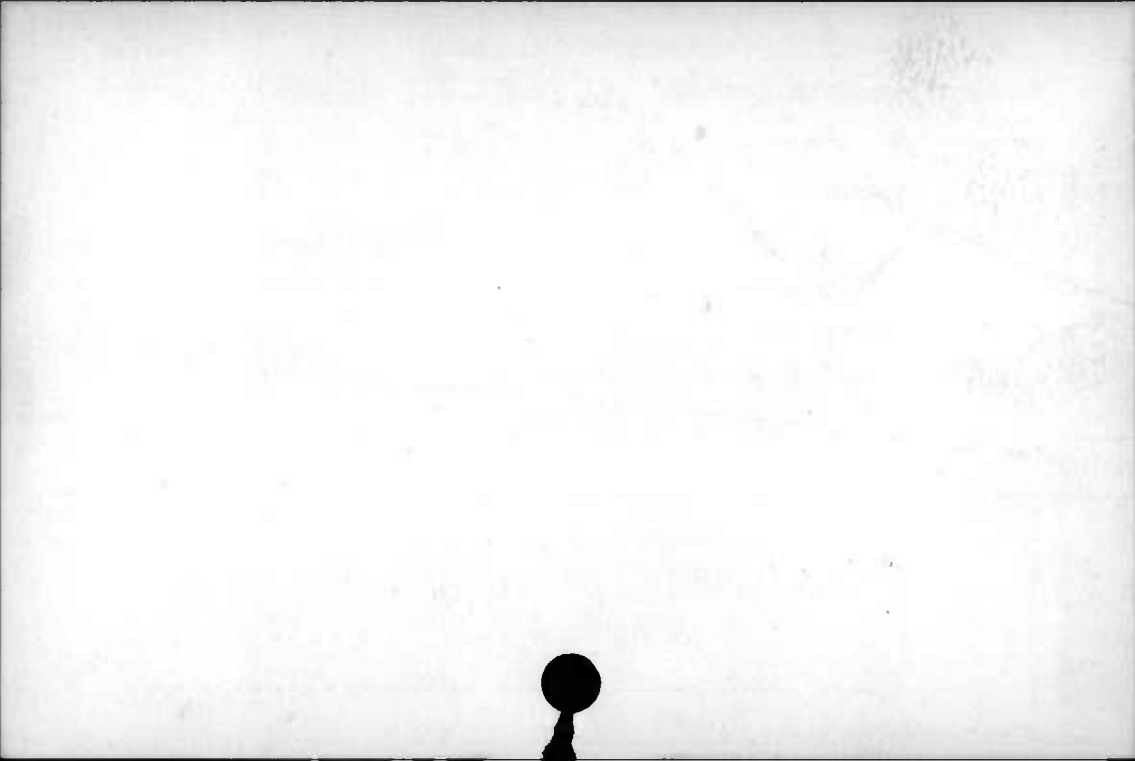
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Hlozykus		City South Baltimore		County Anne arundel		STATE MARYLAND	
Died at		Month 6		Day 18		Years 40	
Date of death 190		3		18		Age 40	
Sex male		Color or Race white		Birth-place Rushin			
Married, Single or Widowed Married				Occupation Tailor			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information Vincent Rice				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	How long Six months
Immediate Heart Failure	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Wm. L. Hawkins
	Address Brooklyn Md
Accident or Suicide? 9	



Name
in
Full

CERTIFICATE OF DEATH

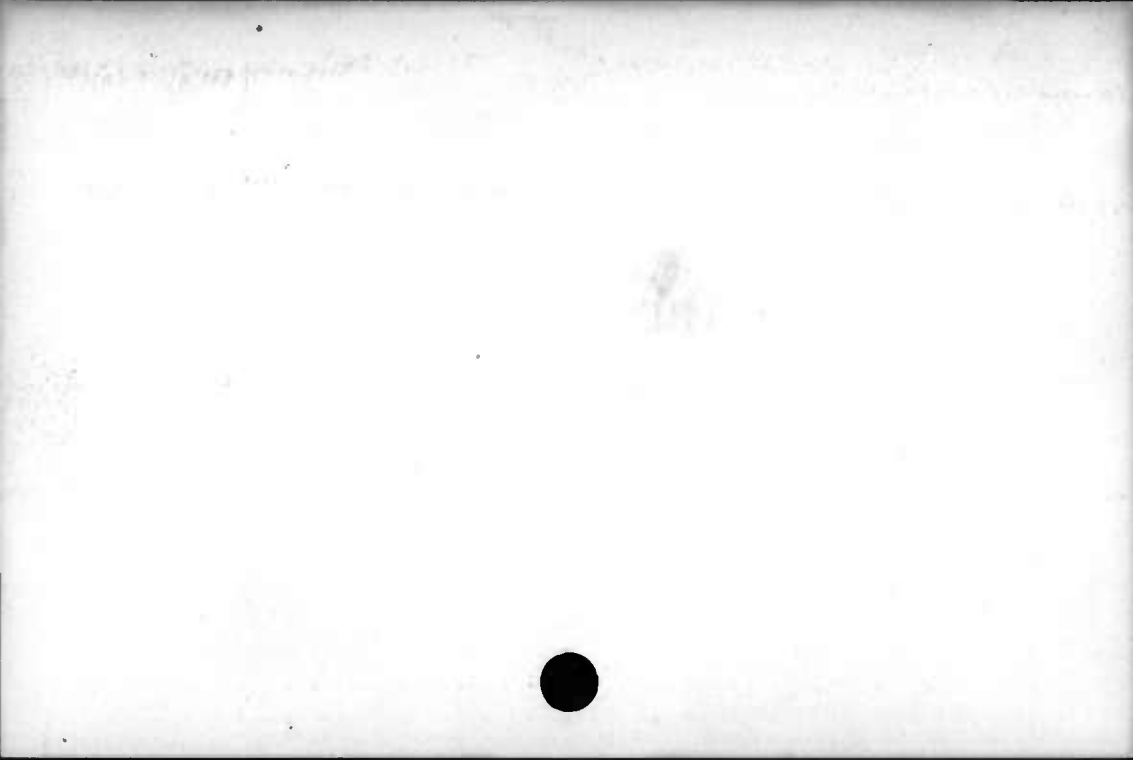
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i> ^{Town}		<i>a. a. w</i> ^{County}		MARYLAND	
Date of death 190	<i>6</i> ^{Month}	<i>17</i> ^{Day}	Age <i>11 months</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>a. a. w</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Mr L. Smith</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Leboria Infantum</i>	How long	<i>105</i>
Immediate	<i>Meningitis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Charles H. Brooke MD</i>	
		Address	
Accident or Suicide? <i>9</i>		<i>per Annan & Hill MD</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Surah Smith</i>		Town <i>Annapolis</i>		County <i>Ind.</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Month <i>June</i>		Day <i>12th</i>		Age <i>78</i>	
Date of death 190 <i>3</i>		Month <i>June</i>		Day <i>12th</i>		Age <i>78</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>a a Co.</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>House work</i>					
Name of Wife or Husband <i>Fredrick B Smith</i>							
Father's Name <i>Harry Ayers</i>		Father's Birthplace <i>a a Co.</i>					
Mother's Maiden Name <i>Margaret Ayers</i>		Mother's Birthplace <i>a a Co.</i>					
Name of person giving Information <i>J. Adams</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>Shdden</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No. Physician</i>
Address <i>Investigated by Health Officer</i>	
Accident or Suicide? <i>g</i>	



Name
in
Full

Walter Smith

CERTIFICATE OF DEATH

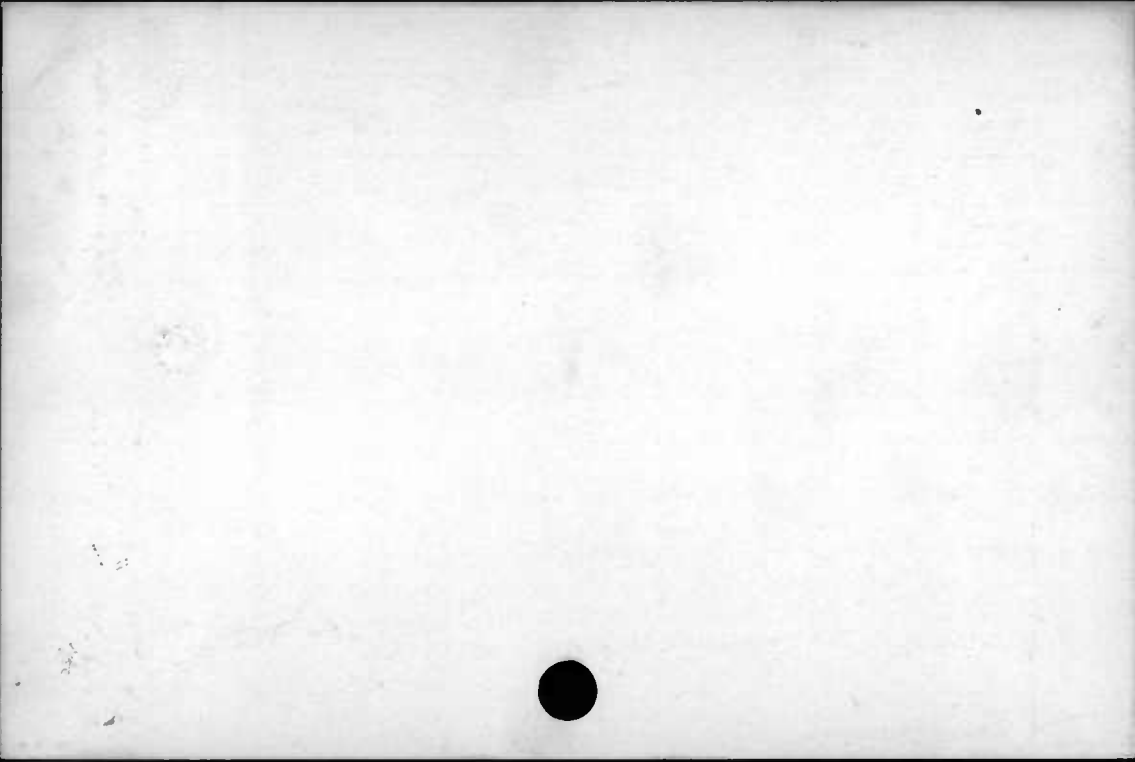
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Odenton</i>		Town <i>Anne Arundel</i>		County		MARYLAND	
Date of death 1903	Month <i>6</i>	Day <i>4</i>	Age	Years	Months <i>10</i>	Days <i>22</i>	
Sex <i>Male -</i>	Color or Race <i>African</i>		Birth- place <i>A.A. Co.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i></i>				
Name of Wife or Husband <i>Jefferson Isaac</i>							
Father's Name <i>Walter Smith</i>			Father's Birthplace <i>A.A. Co.</i>				
Mother's Maiden Name <i>Martina Hawkins</i>			Mother's Birthplace <i>" "</i>				
Name of person giving In formation <i>Martina Smith</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>from birth</i>
Immediate <i>Syncope.</i>	How long <i>90</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Du Bois MD</i>
<i>W. Du Bois MD</i> <i>acting Coroner.</i>	Address <i>Tambrells</i> <i>and</i>



Name in Full		Emma Isabel Stinchomb				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fairfield		County		MARYLAND	
	Date of death 190	3	June	12	Age	24	Months
	Sex	Female		Color or Race	White		Birth-place
	Married, Single, or Widowed	Single Widowed		Occupation		Housewife	
	Name of Wife or Husband	Geo. Stinchomb					
	Father's Name	John H. Thomas				Father's Birthplace	A. A. Co. Md
	Mother's Maiden Name	Maggie Vermillion				Mother's Birthplace	Prince Georges Co. Md
	Name of person giving information	Geo. Stinchomb				How related to deceased	Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Laryngeal Diphtheria				How long	24 hours
	Immediate	Paralysis of Heart				How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?				yes		
					Signature of Physician	Thos. B. Norton M.D.	
					Address	S. Balto. Md	
Accident or Suicide? no							



Name
In
Full

CERTIFICATE OF DEATH

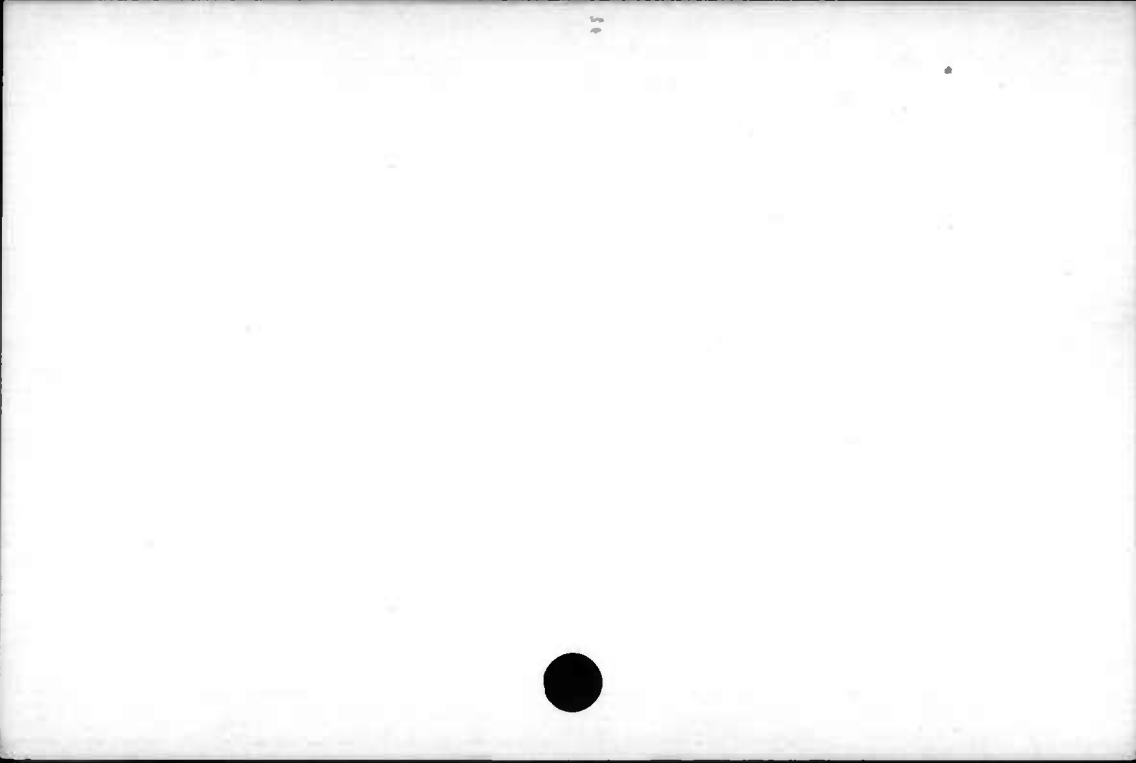
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>West River</u>		County <u>aa</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>13</u>	Years <u>84</u>	Months <u>3</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>West River Md</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>nothing</u>				
Name of Wife or Husband <u></u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gastritis</u>	How long <u>1 month</u>
Immediate <u>General Weakness</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Esney W Kallinevmd</u>
	Address <u>2 West River Md</u>
Accident or Suicide? <u>Neither</u>	<u>9</u>



Name
in
Full

Wm J Tydings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parole</i> <small>Town</small>		<i>Anne Arundel County</i> <small>County</small>		MARYLAND	
Date of death	<i>1903</i> <small>Month</small>	<i>June</i> <small>Day</small>	<i>2</i> <small>Age</small>	<i>70</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Backsmith</i>		Where Residing if not at place of death <i>Parole - Md</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Catharine J. Watkins</i>		
Father's Name	<i>—</i>			Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>—</i>			Mother's Birthplace	<i>—</i>
Name of person giving information	<i>D. H. Campbell</i>			How related to deceased	<i>64</i>

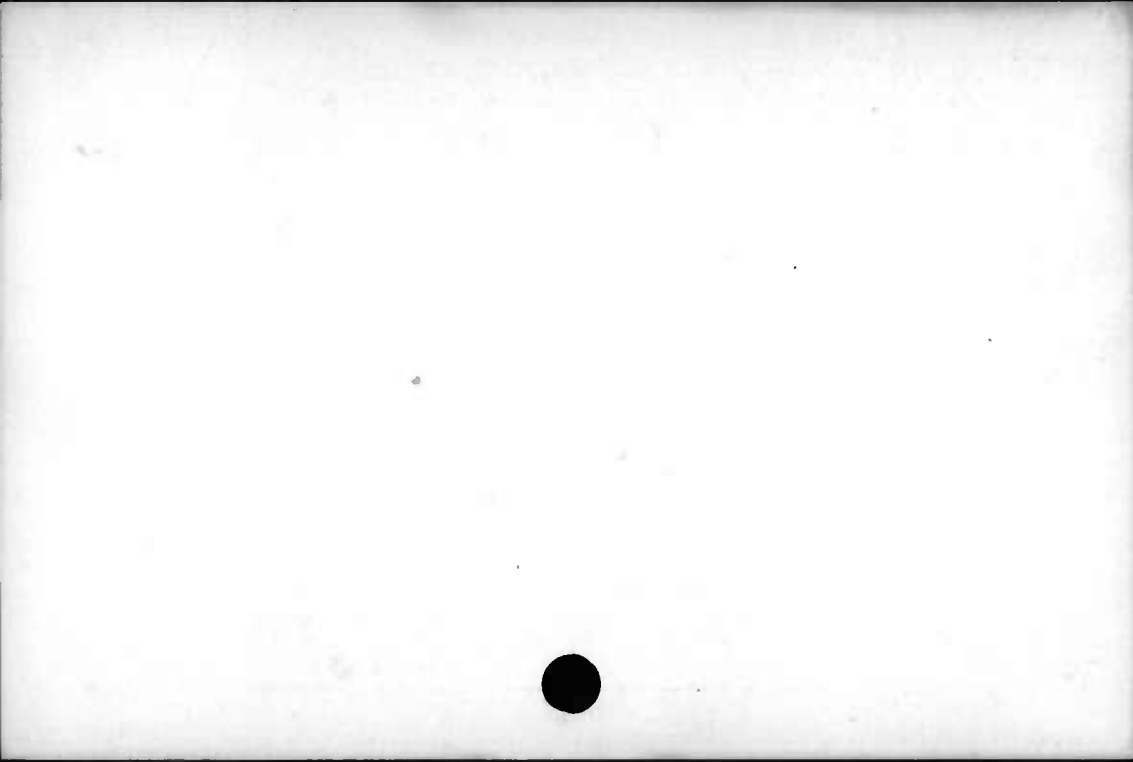
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>Sudden</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. D. N. E. Campbell</i> <small>Colored</small>		
	Address <i>1349 McCreey - St. Baltimore - Md</i>		
Accident or Suicide?	<i>9</i>		



Name in Full		Stacy Unitis				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		So. Balto.		Town		An. A.		County	
	Date		3		June		6		Age	
	of death 190		3		June		6		Years	
	Sex		Female		Color or Race		white		Birth-place	
	Married, Single or Widowed		—		Occupation		—		Months	
	Name of Wife or Husband		—		Occupation		—		Days	
	Father's Name		Yaromen Unitis		Mother's Maiden Name		Helen Shemits		Father's Birthplace	
	Name of person giving information		Helen Unitis		How related to deceased		Mother		Russia	
Mother's Birthplace		Russia		How related to deceased		Mother		Russia		
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Dysentery		How long		one week		14	
	Immediate		—		How long		—		—	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Thos. B. Horton MD		Address	
	—		—		Signature of Physician		Thos. B. Horton MD		Address	
	Accident or Suicide?		—		Signature of Physician		Thos. B. Horton MD		Address	



Name
in
Full

William Wallace

CERTIFICATE OF DEATH

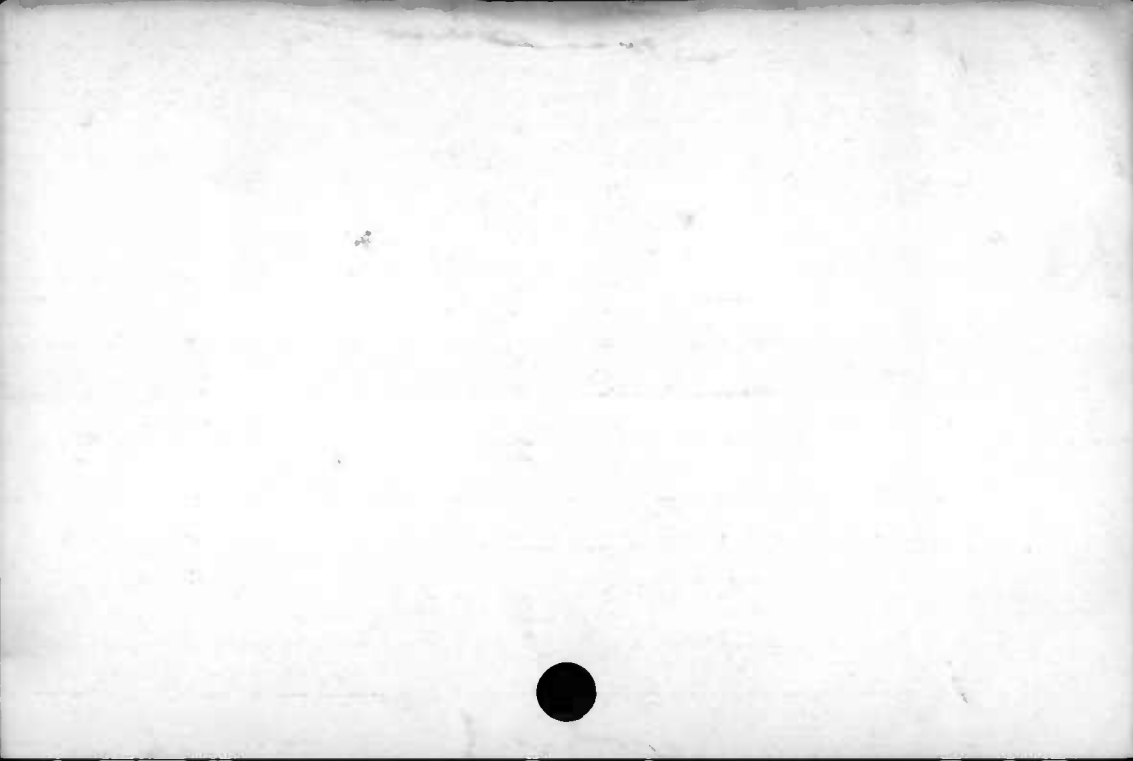
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Darnall</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>June</u> <small>Month</small>	<u>11</u> <small>Day</small>	Age <u>0</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>18</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>_____</u>		
Name of Wife or Husband <u>_____</u>					
Father's Name <u>Thomas Wallace</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Elenora Seelman</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Elenora Seelman</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pertussis</u>	How long <u>4 weeks</u>
Immediate <u>Convulsions</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. M. Perrie</u>
<u>9</u>	Address <u>27 N. Kendrick, Ind.</u>
Accident or Suicide? <u>_____</u>	



Name
in
Full

CERTIFICATE OF DEATH

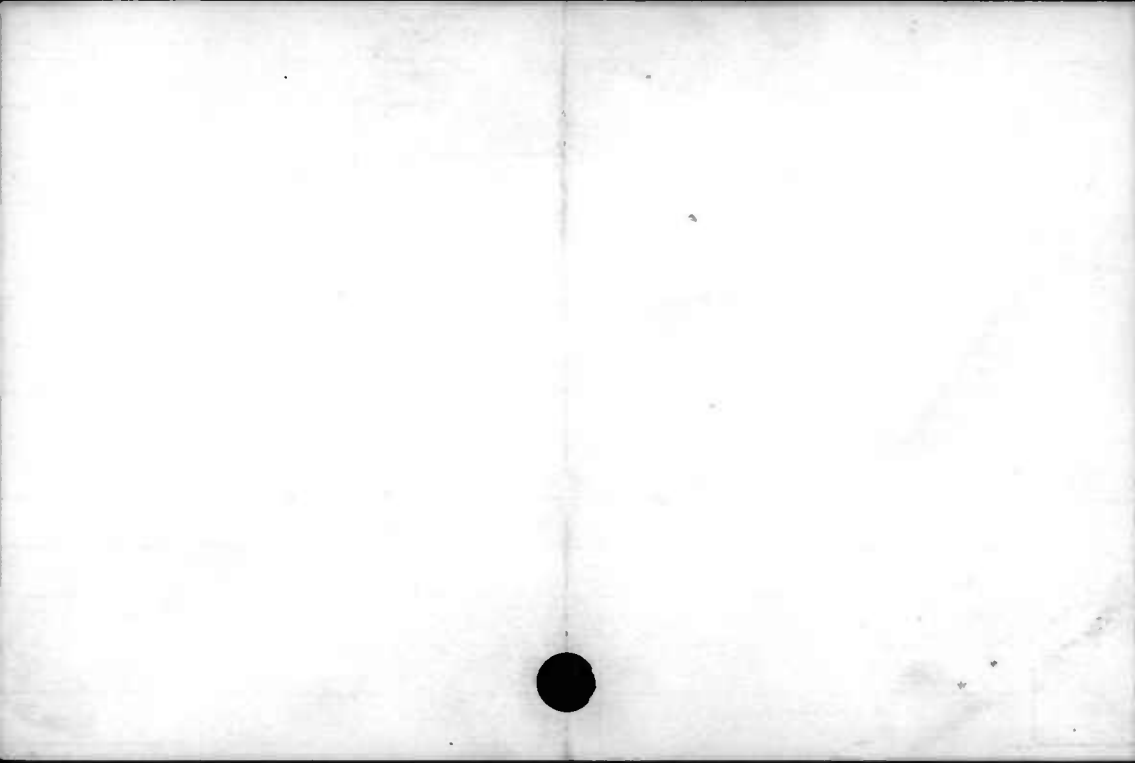
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Eastport</u>		County <u>Ua</u>		State <u>MARYLAND</u>	
Date of death 1903	Month <u>June</u>	Day <u>27</u>	Age	Years <u>2</u>	Months <u>2</u>	Days <u>5</u>	
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Annapolis Md</u>				
Married, Single or Widowed <u>—</u>				Occupation			
Name of Wife or Husband							
Father's Name <u>William Ward</u>				Father's Birthplace <u>A. A. Co</u>			
Mother's Maiden Name <u>Sarah Ward</u>				Mother's Birthplace <u>A. D. Co</u>			
Name of person giving information <u>Wm Ward</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Gastro Enteritis</u>	How long	<u>6 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J. J. Murphy</u>	
		Address	
		<u>Annapolis Md</u>	
Accident or Suicide?			



Name
in
Full

Rev. Noble Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Annapolis

Town

County

St

MARYLAND

Date

of death 1903

Month

June

Day

30th

Age

Years

83

Months

Days

Sex

Male

Color or
Race

colored

Birth-
place

Annapolis

Married, Single
or Widowed

Married

Occupation

Minister

Name of Wife or
Husband

Rebecca Brown

Father's
Name

Stephen Watkins

Father's
Birthplace

Annapolis

Mother's
Maiden Name

Maria Watkins

Mother's
Birthplace

Annapolis

Name of person giving
Information

Wife

How related
to deceased

CAUSES OF DEATH

Primary

Chronic cystitis

How long

four
weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

John Ridout, M.D.

Address

Annapolis
MdPHYSICIAN
OR CORONER

Accident or Suicide?

yes 123
9



Name
in
Full

CERTIFICATE OF DEATH

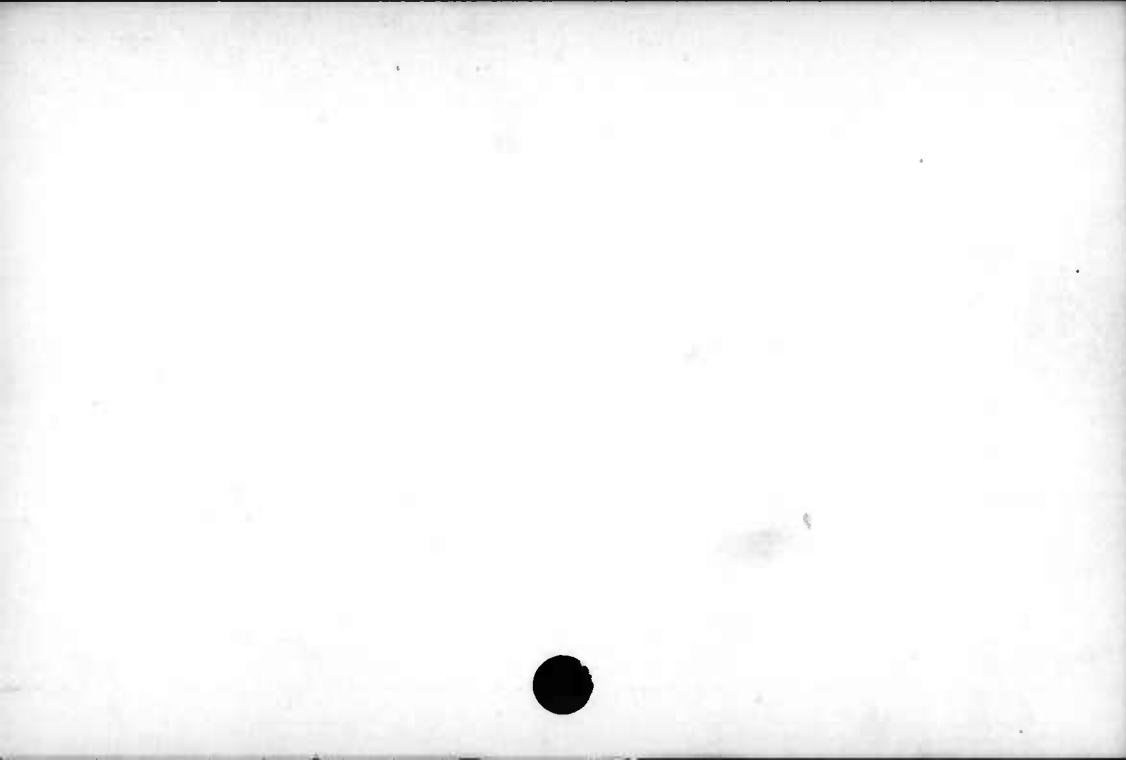
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town	<i>St.</i>		County			
Date of death 1903	<i>June</i>	Month	<i>18th</i>	Day	<i>25</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>city</i>					
Married, Single or Widowed			Occupation					
Name of Wife or Husband								
Father's Name <i>Edgar West</i>					Father's Birthplace <i>city</i>			
Mother's Maiden Name <i>Rosa B. O. J.</i>					Mother's Birthplace			
Name of person giving information <i>Mother</i>					How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still-born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Martha Bruce</i>	
	Address <i>Midwife</i>	
	<i>Annapolis MD</i>	
Accident or Suicide?		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>St</i>
	MARYLAND				
	Date of death 1903	Month <i>June</i>	Day <i>27th</i>	Age <i>78</i>	Years <i>78</i>
	Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>city</i>		
	Married, Single or Widowed		Occupation <i>Nurse</i>		
	Name of Wife or Husband <i>Joseph Wright</i>			Father's Birthplace <i>Ad Co</i>	
	Father's Name <i>Gen. Ford</i>			Mother's Birthplace <i>Ad Co</i>	
	Mother's Maiden Name <i>Julia Ford</i>			How related to deceased <i>Niece</i>	
Name of person giving information					
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Semility</i>		How long <i>15</i>		Months <i>Months</i>
	Immediate <i>exhaustion</i>		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J E Campbell</i>		
	Yes <i>Yes</i>		Address <i>Annapolis Md</i>		
	Accident or Suicide?				

